

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

**HAND DELIVERED**  
**RECEIVED**  
**FEC MAIL CENTER**  
2017 JAN 31 PM 3:28  
Office Use Only

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

TRUMAN NATIONAL SECURITY PROJECT PAC

ADDRESS (number and street) 11250 J ST NW SUITE 500

Check if different than previously reported. (ACC) WASHINGTON DC 20025

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

C00614164

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 11 / 08 / 2016 in the State of  

5. Covering Period 10 / 01 / 2016 through 11 / 08 / 2016

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

Type or Print Name of Treasurer Frank Spring

Signature of Treasurer John A Spring Date 01 / 31 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

2017-01-31 11:00 AM

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 

MM	DD	YYYY
10	01	2016

 To: 

MM	DD	YYYY
11	08	2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>26</td><td>16</td><td></td></tr></table>	MM	DD	YYYY	26	16		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>00</td></tr></table>	MM	DD	CC			00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>00</td></tr></table>	MM	DD	CC			00
MM	DD	YYYY																		
26	16																			
MM	DD	CC																		
		00																		
MM	DD	CC																		
		00																		
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>1200.00</td></tr></table>	MM	DD	CC			1200.00													
MM	DD	CC																		
		1200.00																		
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>1900.00</td></tr></table>	MM	DD	CC			1900.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>3100.00</td></tr></table>	MM	DD	CC			3100.00						
MM	DD	CC																		
		1900.00																		
MM	DD	CC																		
		3100.00																		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>3100.00</td></tr></table>	MM	DD	CC			3100.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>3100.00</td></tr></table>	MM	DD	CC			3100.00						
MM	DD	CC																		
		3100.00																		
MM	DD	CC																		
		3100.00																		
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>1000.00</td></tr></table>	MM	DD	CC			1000.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>1000.00</td></tr></table>	MM	DD	CC			1000.00						
MM	DD	CC																		
		1000.00																		
MM	DD	CC																		
		1000.00																		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>2100.00</td></tr></table>	MM	DD	CC			2100.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>2100.00</td></tr></table>	MM	DD	CC			2100.00						
MM	DD	CC																		
		2100.00																		
MM	DD	CC																		
		2100.00																		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>00</td></tr></table>	MM	DD	CC			00													
MM	DD	CC																		
		00																		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>CC</td></tr><tr><td></td><td></td><td>00</td></tr></table>	MM	DD	CC			00													
MM	DD	CC																		
		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. 05/2016)

Page 3

Write or Type Committee Name

*Truman National Security Project PAC*

Report Covering the Period: From: MM ' DD ' YYYY *10 ' 01 ' 2016* To: MM ' DD ' YYYY *11 ' 08 ' 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).....

*190000*

*310000*

(ii) Unitemized.....

*000*

*000*

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*190000*

*310000*

(b) Political Party Committees.....

*00*

*00*

(c) Other Political Committees (such as PACs).....

*00*

*00*

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*190000*

*310000*

12. Transfers From Affiliated/Other Party Committees.....

*00*

*00*

13. All Loans Received.....

*00*

*00*

14. Loan Repayments Received.....

*00*

*00*

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

*00*

*00*

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

*00*

*00*

17. Other Federal Receipts (Dividends, Interest, etc.).....

*00*

*00*

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

*00*

*00*

(b) Levin Funds (from Schedule H5).....

*00*

*00*

(c) Total Transfers (add 18(a) and 18(b))..

*00*

*00*

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*190000*

*310000*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*190000*

*310000*

NON-FEDERAL AND LEVIN FUNDS

**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 .....	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures .....	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	00	00
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements (Including Non-Federal Donations).....	00	00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,000.00	1,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00	00

NON-FEDERAL DONATIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	190000	310000
34. Total Contribution Refunds (from Line 28(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	00	00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	00	00

NOT FOR FILING

**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 1 OF 3

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

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)

*Truman National Security Project PAC*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. *Roney, K Catherine*

Mailing Address

*604 S Washington Sq Apt 1407*

City *Ph. Philadelphia*

State *PA*

Zip Code *19106*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*10 / 03 / 2016*

Amount of Each Receipt this Period

*250.00*

Memo Item

Name of Employer (for Individual)

*Morgan, Lewis, & Bockius LLP*

Occupation (for Individual)

*Attorney*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*250.00*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. *Levin, Josh*

Mailing Address

*1362 Irving St NW Apt 2*

City *Washington*

State *DC*

Zip Code *20010*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*10 / 12 / 2016*

Amount of Each Receipt this Period

*500.00*

Memo Item

Name of Employer (for Individual)

*Self*

Occupation (for Individual)

*consultant*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*500.00*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. *Hayworth, Austin*

Mailing Address

*427 Anchor Lane Apt 106*

City *West Sacramento*

State *CA*

Zip Code *95605*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*10 / 12 / 2016*

Amount of Each Receipt this Period

*1000.00*

Memo Item

Name of Employer (for Individual)

*California Assembly*

Occupation (for Individual)

*Legislative Staff*

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

*1000.00*

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

*4000.00*

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

2017-01-10 10:00 AM

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

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

FOR LINE NUMBER: PAGE 2 OF 3

(check only one)

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

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)

Tryman National Security Project PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jaff, Elizabeth

Mailing Address

1306 Kenyon St NW

City  
Washington

State  
DC

Zip Code  
20010

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Crowdfunder

Occupation (for Individual)

Political Director

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

10 / 13 / 2016

Amount of Each Receipt this Period

2,500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lieberman, Michael

Mailing Address

325 T St NW

City  
Washington

State  
DC

Zip Code  
20001

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

US Treasury

Occupation (for Individual)

Assistant Director

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

10 / 15 / 2016

Amount of Each Receipt this Period

2,500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Townsend, Zachary

Mailing Address

267 Dorland St

City  
San Francisco

State  
CA

Zip Code  
94114

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

State of CA

Occupation (for Individual)

Chief Data Officer

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

10 / 19 / 2016

Amount of Each Receipt this Period

5,000.00

Memo Item

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

1,000.00

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 3 OF 3	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Appelquist, Barb*

Mailing Address  
*610 24th St*

City *Santa Monica* State *CA* Zip Code *90402*

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) *Cohen Gardner* Occupation (for Individual) *Attorney*

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date *500.00*

Date of Receipt *10/20/16*

Amount of Each Receipt this Period *500.00*

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) *500.00*

TOTAL This Period (last page this line number only) *1,900.00*

2016-10-10 10:00 AM



**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)

PAGE ( OF )

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

*Truman National Security Project PAC*

Full Name (Last, First, Middle Initial)

A. *Kamala Harris for Senate*

Mailing Address

*777 S Figueroa St Suite 4050*

City *Los Angeles*

State *CA*

Zip Code *90017*

Purpose of Disbursement

*Contribution*

0  1  1  
Category/Type

Candidate Name

*Kamala Harris*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA*

District:

Date of Disbursement

M  M  /  D  D  /  Y  Y  Y  Y  Y  Y

*10 / 27 / 2016*

FEC Identification Number

*C00571919*

Amount of Each Disbursement this Period

*100000*

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M  M  /  D  D  /  Y  Y  Y  Y  Y  Y

FEC Identification Number

*C*

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M  M  /  D  D  /  Y  Y  Y  Y  Y  Y

FEC Identification Number

*C*

Amount of Each Disbursement this Period

Memo Item

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

*100000*

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

*100000*

and Security Dept

1111 South 500

2

COMMUNICATIONS SECTION

By hand

Federal Election Commission

999 E ST NW

Washington, DC 20463

# Hand Delivered

2017-01-10 10:10:10

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*BWS*  
 PREPARER

*01-31-2017*  
 DATE PREPARED

NON-FEDERAL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED