

# 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

CONTINUING AMERICAS STRENGTH & SECURITY

ADDRESS (number and street) 8550 UNITED PLAZA STE 1001 BATON ROUGE LA 70809

Check if different than previously reported. (ACC)

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

C C00480228

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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - 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] through [MM] / [DD] / [YYYY]

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 RALPH STEPHENS

Signature of Treasurer RALPH STEPHENS [Electronically Filed] Date [MM] / [DD] / [YYYY]

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

**CONTINUING AMERICAS STRENGTH & SECURITY**

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=""/>	<input type="text" value="108935.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45775.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19500.00"/>	<input type="text" value="170587.30"/>
(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="65275.73"/>	<input type="text" value="279522.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36465.56"/>	<input type="text" value="250712.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28810.17"/>	<input type="text" value="28810.17"/>
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="14225.23"/>	

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

CONTINUING AMERICAS STRENGTH & SECURITY

Report Covering the Period: From: 08 / 01 / 2016 To: 08 / 31 / 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).....	10000.00	32000.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10000.00	32000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	133500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	19500.00	165500.00
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	87.30
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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))..... ▶	19500.00	170587.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19500.00	170587.30

**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 .....	3965.56	175712.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3965.56	175712.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	75000.00
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)) ..	36465.56	250712.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36465.56	250712.40

**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) .....	19500.00	165500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19500.00	165500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3965.56	175712.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	87.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3965.56	175625.10

**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 14  
(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
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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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

**A. CAROLYN CHOUET**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 310

City GALLIANO	State LA	Zip Code 70354
------------------	-------------	-------------------

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  

M M	/	D D	/	Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.5543**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. GARY CHOUET**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 310

City GALLIANO	State LA	Zip Code 70354
------------------	-------------	-------------------

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

Name of Employer EDISON CHOUET OFFSHORE	Occupation CEO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.5541**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

**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 7 OF 14
<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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

**A. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON	State VA	Zip Code 20191
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00343459

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	11	/	2016

**Transaction ID : SA11C.5536**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Full Name (Last, First, Middle Initial)  
Mailing Address 520 N NORTHWEST HIGHWAY

City PARK RIDGE	State IL	Zip Code 60068
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C70004684

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	18	/	2016

**Transaction ID : SA11C.5538**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address ONE VALERO WAY

City SAN ANTONIO	State TX	Zip Code 78249
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00109546

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	18	/	2016

**Transaction ID : SA11C.5540**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	9500.00

**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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS BLVD  
#H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5575**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS BLVD  
#H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5571**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS BLVD  
#H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5572**

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

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NAME OF COMMITTEE (In Full)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS BLVD  
#H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5573**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS BLVD  
#H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5574**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. NICOLE LICARDI**

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5567**

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

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NAME OF COMMITTEE (In Full)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. NICOLE LICARDI**

Mailing Address PO BOX 80505

City State Zip Code  
BATON ROUGE LA 70898

Purpose of Disbursement  
REIMBURSEMENT FOR SHIPPING EXPENSES ITEMIZED IN MEMO  
TRANSACTIONS  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.5570**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. POSTLETHWAITE & NETTERVILLE APAC**

Mailing Address 8550 UNITED PLAZA BLVD  
SUITE 1001

City State Zip Code  
BATON ROUGE LA 70809

Purpose of Disbursement  
CAMPAIGN ACCOUNTING & COMPLIANCE SERVICES  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.5555**

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

/  /

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. COFFMAN FOR CONGRESS**

Mailing Address 4950 S YOSEMITE STREET F2 #511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name

**MIKE COFFMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : SB23.5579

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name

**JOHN S MCCAIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2016

Transaction ID : SB23.5587

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name

**PATRICK JOSEPH TOOMEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2016

Transaction ID : SB23.5591

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. MARCO RUBIO FOR SENATE 2016**

Mailing Address PO BOX 661537

City MIAMI State FL Zip Code 33266

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name

**MARCO RUBIO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : SB23.5588**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE**

Mailing Address 10 WATER STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2016

**Transaction ID : SB23.5553**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN PARTY OF LOUISIANA**

Mailing Address C/O RED CURVE SOLUTIONS  
138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : SB23.5566**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City NEWTON State NJ Zip Code 07860

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Category/  
Type

Candidate Name

**SCOTT GARRETT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : SB23.5560**

Amount of Each Disbursement this Period

5000.00

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

32500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AMERICAN EXPRESS</b>	Nature of Debt (Purpose): MISCELLANEOUS EXPENSE
Mailing Address PO BOX 650448	
City State Zip Code DALLAS TX 75265	

Outstanding Balance Beginning This Period 986.18	Transaction ID : SD10.5480	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 986.18

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AMERICAN EXPRESS</b>	Nature of Debt (Purpose): MISCELLANEOUS EXPENSE
Mailing Address PO BOX 650448	
City State Zip Code DALLAS TX 75265	

Outstanding Balance Beginning This Period 11639.68	Transaction ID : SD10.5528	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11639.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AMERICAN EXPRESS</b>	Nature of Debt (Purpose): CREDIT CARD CHARGES
Mailing Address PO BOX 650448	
City State Zip Code DALLAS TX 75265	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5577	
Amount Incurred This Period 1599.37	Payment This Period 0.00	Outstanding Balance at Close of This Period 1599.37

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	14225.23
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	14225.23
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	14225.23