



**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="2015"/>	<input type="text" value="16514.48"/>	<input type="text" value="16514.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="123664.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="52500.00"/>	<input type="text" value="301218.20"/>
(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="176164.01"/>	<input type="text" value="317732.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67228.74"/>	<input type="text" value="208797.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="108935.27"/>	<input type="text" value="108935.27"/>
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="215.42"/>	

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: 10 / 01 / 2015 To: 12 / 31 / 2015

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).....	8500.00	74250.00
(ii) Unitemized .....	0.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8500.00	74850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	44000.00	226000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	52500.00	300850.00
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	368.20
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))..... ▶	52500.00	301218.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52500.00	301218.20

**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 .....	44728.74	123297.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	44728.74	123297.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	75500.00
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).....	10000.00	10000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10000.00	10000.00
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)) ..	67228.74	208797.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67228.74	208797.41

**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) .....	52500.00	300850.00
34. Total Contribution Refunds (from Line 28(d)) .....	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42500.00	290850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	44728.74	123297.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	44728.74	123297.41

**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 25
	(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

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) <b>A. W.E. BOSARGE Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address 4203 YOAKUM BOULEVARD SUITE 200		<b>Transaction ID : SA11AI.5032</b>
City HOUSTON	State TX	Zip Code 77006
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer CAPITAL TECHNOLOGIES, INC.	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN B CLARK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Mailing Address 9273 LERWICK DR		<b>Transaction ID : SA11AI.5034</b>
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer CGCN GROUP	Occupation PARTNER	
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>C. ALTA V FRANKS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015
Mailing Address PO BOX 7625		<b>Transaction ID : SA11AI.4923</b>
City SHREVEPORT	State LA	Zip Code 71137
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer FRANKS MANAGEMENT COMPANY	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<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 7 OF 25  
(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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NAME OF COMMITTEE (In Full)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

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

Mailing Address 543 SPANISH TOWN RD

City State Zip Code  
BATON ROUGE LA 70802

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

Name of Employer Occupation  
SOUTHERN STRATEGY GROUP CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : SA11AI.4922**

Amount of Each Receipt this Period  
1000.00

**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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 25  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

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  
 10 / 28 / 2015

**Transaction ID : SA11C.5049**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 TENTH STREET, NW  
TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

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  
 12 / 09 / 2015

**Transaction ID : SA11C.4977**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Mailing Address 2831 LONE OAK ROAD

City PADUCAH State KY Zip Code 42003

FEC ID number of contributing federal political committee. **C** C00351197

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : SA11C.4979**

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

**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 9 OF 25
<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**

Full Name (Last, First, Middle Initial)  
**A. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address P.O. BOX 961039

City State Zip Code  
FORT WORTH TX 76161

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
11 / 25 / 2015  
**Transaction ID : SA11C.5046**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. CHICAGO BRIDGE & IRON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1050 K STREET, NW SUITE 620

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
11 / 25 / 2015  
**Transaction ID : SA11C.4929**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. CHICAGO BRIDGE & IRON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1050 K STREET, NW SUITE 620

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
12 / 18 / 2015  
**Transaction ID : SA11C.5021**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<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 25  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : SA11C.5035**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. ENTERGY CORPORATION POLITICAL ACTION COMMITTEE (ENPAC)**

Mailing Address 425 WEST CAPITOL AVENUE, STE24B

City State Zip Code  
LITTLE ROCK AR 72201

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : SA11C.5037**

Amount of Each Receipt this Period  
3000.00

Full Name (Last, First, Middle Initial)  
**C. FEDEX CORPORATION POLITICAL ACTION COMMITTEE (FEDEXPAC)**

Mailing Address 942 S SHADY GROVE ROAD

City State Zip Code  
MEMPHIS TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : SA11C.5043**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00

**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 25
<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. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 CONSTITUTION AVE. NW  
 SUITE 500 WEST  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00096156  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11C.4925**  
 Amount of Each Receipt this Period 5000.00

**B. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 F STREET, NW SUITE 610  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00022343  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2015  
**Transaction ID : SA11C.4981**  
 Amount of Each Receipt this Period 1000.00

**C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 14TH STREET, NW  
 SUITE 800  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 25 / 2015  
**Transaction ID : SA11C.4930**  
 Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<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 25
<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**

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

Mailing Address 1001 NORTH FAIRFAX ST  
SUITE 501

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00249532

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 28 / 2015  
**Transaction ID : SA11C.5030**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. TROUTMAN SANDERS LLP POLITICAL ACTION COMMITTEE**

Mailing Address 600 PEACHTREE STREET  
SUITE 5200

City ATLANTA State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00311142

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 09 / 2015  
**Transaction ID : SA11C.4984**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH STREET NW, SUITE 350

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 18 / 2015  
**Transaction ID : SA11C.5022**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<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 13 OF 25  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9900 BREN ROAD EAST  
 City State Zip Code  
 MINNETONKA MN 55343  
 FEC ID number of contributing federal political committee. **C** C00274431  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : SA11C.4986**  
 Amount of Each Receipt this Period  
 5000.00

**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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	44000.00

**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. AMERICAN AIRLINES E TKT**

Mailing Address 7645 E 63RD ST  
SUITE 600

City TULSA State OK Zip Code 74133

Purpose of Disbursement  
TRAVEL

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
10		01		2015

Transaction ID : SB21B.4989

Amount of Each Disbursement this Period

<input type="text" value="187.00"/>
-------------------------------------

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES E TKT**

Mailing Address 7645 E 63RD ST  
SUITE 600

City TULSA State OK Zip Code 74133

Purpose of Disbursement  
TRAVEL

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
10		01		2015

Transaction ID : SB21B.4990

Amount of Each Disbursement this Period

<input type="text" value="235.00"/>
-------------------------------------

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES E TKT**

Mailing Address 7645 E 63RD ST  
SUITE 600

City TULSA State OK Zip Code 74133

Purpose of Disbursement  
TRAVEL

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
10		01		2015

Transaction ID : SB21B.4994

Amount of Each Disbursement this Period

<input type="text" value="484.50"/>
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

<input type="text" value="906.50"/>
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**TOTAL** This Period (last page this line number only)..... ▶

<input type="text"/>
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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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES E TKT**

Mailing Address 7645 E 63RD ST  
SUITE 600

City TULSA State OK Zip Code 74133

Purpose of Disbursement  
TRAVEL

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
10			13			2015			

Transaction ID : SB21B.4987

Amount of Each Disbursement this Period

461.00
--------

Full Name (Last, First, Middle Initial)

**B. ANEDOT, LLC**

Mailing Address 10156 PERKINS ROAD  
SUITE 217F

City BATON ROUGE State LA Zip Code 70810

Purpose of Disbursement  
Credit Card Processing 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
10			07			2015			

Transaction ID : SB21B.4976

Amount of Each Disbursement this Period

39.30
-------

Full Name (Last, First, Middle Initial)

**C. APPLE ONLINE STORE**

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement  
CAMPAIGN SUPPLIES

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
10			09			2015			

Transaction ID : SB21B.5000

Amount of Each Disbursement this Period

1684.60
---------

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

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

2184.90
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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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. DEREK BABCOCK**

Mailing Address PO BOX 1587

City DENHAM SPRINGS State LA Zip Code 70727

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4944**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BRELAND CUSTOM WOODWORKS**

Mailing Address 6161 MOSS SIDE LANE

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**006**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4951**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSHUA JOY DARA**

Mailing Address 1330 TEXAS AVENUE

City ALEXANDRIA State LA Zip Code 71301

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4938**

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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LEE HARRELL**

Mailing Address PO BOX 538

City RAYVILLE State LA Zip Code 71269

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : SB21B.4972

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FUND FOR LOUISIANA'S FUTURE; THE**

Mailing Address 601 PENNSYLVANIA AVE NW  
SUITE 1000 N BLDG

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : SB21B.4965

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. GALATOIRES BISTRO**

Mailing Address 3535 PERKINS RD  
STE 400

City BATON ROUGE State LA Zip Code 70808-2290

Purpose of Disbursement  
CAMPAIGN EVENT

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : SB21B.4999

Amount of Each Disbursement this Period

1250.40

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

12250.40

**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. HOLLOWAY FOR BESE**

Mailing Address PO BOX 1360

City THIBODAUX State LA Zip Code 70301

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.4957

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NANCY LANDRY**

Mailing Address PO BOX 52034

City LAFAYETTE State LA Zip Code 70505

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.4941

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MARY HARRIS FOR BESE CAMPAIGN**

Mailing Address 7600 FERN AVENUE  
#1300

City SHREVEPORT State LA Zip Code 71105

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.4955

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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. NEW SOUTH PARKING**

Mailing Address 800 AIRLINE DR

City KENNER State LA Zip Code 70062

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4993**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NEW SOUTH PARKING**

Mailing Address 800 AIRLINE DR

City KENNER State LA Zip Code 70062

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.5011**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RICK NOWLIN CAMPAIGN FUND**

Mailing Address 740 FRONT STREET

City NATCHITOCHEs State LA Zip Code 71457

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4947**

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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. POSTLETHWAITE & NETTERVILLE APAC**

Mailing Address 8550 UNITED PLAZA BLVD  
SUITE 1001

City BATON ROUGE State LA Zip Code 70809

Purpose of Disbursement  
CAMPAIGN ACCOUNTING & CONSULTING SERVICES

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : **SB21B.4949**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. POSTLETHWAITE & NETTERVILLE APAC**

Mailing Address 8550 UNITED PLAZA BLVD  
SUITE 1001

City BATON ROUGE State LA Zip Code 70809

Purpose of Disbursement  
CAMPAIGN ACCOUNTING & CONSULTING SERVICES

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : **SB21B.4950**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SHARON HEWITT CAMPAIGN FUND**

Mailing Address 857 BROWNSWITCH ROAD  
STE 128

City SLIDELL State LA Zip Code 70458

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : **SB21B.4936**

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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address 12700 NORTHBOROUGH DR

City HOUSTON State TX Zip Code 77067

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.5009**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LLEWELLYN 'BISCUIT' SMITH**

Mailing Address 416 THUNDER VALLEY ROAD

City DERIDDER State LA Zip Code 70634

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4934**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. THE CONGRESSIONAL CLUB**

Mailing Address 2001 NEW HAMPSHIRE NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MEMBERSHIP FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4960**

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)  
**CONTINUING AMERICAS STRENGTH & SECURITY**

Full Name (Last, First, Middle Initial)

### A. THE TOWNSEND GROUP

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAMPAIGN CONSULTING FEES

003

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
12			09			2015					

Transaction ID : SB21B.4974

Amount of Each Disbursement this Period

4469.00
---------

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

--

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

--

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

4469.00
---------

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

44037.00
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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 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. BOOZMAN FOR ARKANSAS**

Mailing Address PO BOX 671

City: ROGERS State: AR Zip Code: 72757

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name  
**JOHN BOOZMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : SB23.4962

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. KIRK FOR SENATE**

Mailing Address PO BOX 2594

City: CHICAGO State: IL Zip Code: 60690

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name  
**MARK STEVEN KIRK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

Transaction ID : SB23.4968

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City: ANCHORAGE State: AK Zip Code: 99510

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011

Candidate Name  
**LISA MURKOWSKI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : SB23.5041

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

12500.00

**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 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 checked="" 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. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2015

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

**Transaction ID : SB28C.5058**

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
REFUND OF CONTRIBUTION DUE TO OVERAGE LIMIT

010
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Mailing Address 9900 BREN ROAD EAST

**Transaction ID : SB28C.5057**

City MINNETONKA State MN Zip Code 55343

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
REFUND OF CONTRIBUTION DUE TO OVERAGE LIMIT

010
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

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

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

10000.00
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10000.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	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>SUPER GIANT</b>	Nature of Debt (Purpose): Event Expense
Mailing Address 360 3RD & H STREET NE	
City State Zip Code WASHINGTON DC 20002	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5053</b>	
Amount Incurred This Period 99.39	Payment This Period 0.00	Outstanding Balance at Close of This Period 99.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TAXI CHARGE-DC</b>	Nature of Debt (Purpose): TRAVEL
Mailing Address 465 UTICA AVE	
City State Zip Code BROOKLYN NY 11203	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5056</b>	
Amount Incurred This Period 18.03	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>USPS PO BOXES ONLINE</b>	Nature of Debt (Purpose): PO BOX RENTAL FEE
Mailing Address 475 LENFANT PLZ SW	
City State Zip Code WASHINGTON DC 20260	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5054</b>	
Amount Incurred This Period 98.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 98.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	215.42
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	215.42
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) ▶	215.42