

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**
Defenders of Freedom and Security

ADDRESS (number and street) **2423 C Street #11**
Check if different than previously reported. (ACC) **Sacramento CA 95816**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00536664 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 / / 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 **ZZ**

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Hornaday, Alexander, , ,
Type or Print Name of Treasurer

Signature of Treasurer Hornaday, Alexander, , , [Electronically Filed] Date **03** / **27** / **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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Defenders of Freedom and 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"/>	<input type="text" value="5446.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10226.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31589.32"/>	<input type="text" value="148832.42"/>
(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="41816.14"/>	<input type="text" value="154279.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6823.64"/>	<input type="text" value="119286.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34992.50"/>	<input type="text" value="34992.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Defenders of Freedom and Security

Report Covering the Period: From: MM / DD / YYYY 10 / 20 / 2016 To: MM / DD / YYYY 11 / 28 / 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).....	8440.16	45015.16
(ii) Unitemized	18149.16	96317.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26589.32	141332.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26589.32	141332.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5000.00	7500.00
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)).....▶	31589.32	148832.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31589.32	148832.42

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2473.64	96634.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2473.64	96634.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2625.00	6565.00
24. Independent Expenditures (use Schedule E)	1500.00	13515.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	50.00	2310.00
(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)).....	50.00	2310.00
29. Other Disbursements (Including Non-Federal Donations).....	175.00	262.50
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	6823.64	119286.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6823.64	119286.81

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)	26589.32	141332.42
34. Total Contribution Refunds (from Line 28(d))	50.00	2310.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26539.32	139022.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2473.64	96634.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2473.64	96634.31

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

Form/Schedule: F3XA
Transaction ID :

This report amended following internal audit to remove duplicate disbursement entries on Line 21(b); to correctly report earmarked contributions received and forwarded; to remove a duplicate contribution entry on Schedule A; to include contributions received through a particular vendor which the Committee did not previously have properly reconciled data for; to separately report Carey account merchant processing fees; to correctly report one refund, and remove duplicate entry for another; and to correctly report independent expenditures paid for last period and disseminated this period.

Form/Schedule:
Transaction ID:

**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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Defenders of Freedom and Security

A. BACHSCHMIDT, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10451 CR 40 E

City INGLIS	State FL	Zip Code 34449-
----------------	-------------	--------------------

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

Name of Employer (for Individual) DAB CONSTRUCTORS	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID : SA11A.776712

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 7 COPAIRE ROAD

City SEWALLS POINT	State FL	Zip Code 34996-6702
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2016

Transaction ID : SA11A.733318

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

EARMARKED CONTRIBUTION FOR JOHN KENNEDY FOR US, C00608398

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

Mailing Address 3045 JACOBS CIR

City KALAMAZOO	State MI	Zip Code 49009-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) PREMIER RADIOLOGY	Occupation (for Individual) MEDICAL DOCTOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2016

Transaction ID : SA11A.776341

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. COAKLEY, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 N SPRINGER RD
 City LOS ALTOS State CA Zip Code 94024-3143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11A.776514
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. COAKLEY, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 N SPRINGER RD
 City LOS ALTOS State CA Zip Code 94024-3143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 06 / 2016
Transaction ID : SA11A.776648
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

C. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USN (RET) Occupation (for Individual) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776463
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USN (RET) Occupation (for Individual) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776467
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USN (RET) Occupation (for Individual) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776468
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USN (RET) Occupation (for Individual) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776469
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 10 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USN (RET) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11A.776471
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USN (RET) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11A.776472
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USN (RET) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11A.776539
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USN (RET) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11A.776542
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. DEANE M.D., FREDERICK R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 COOK VALLEY BLVD SE
 City GRAND RAPIDS State MI Zip Code 49546-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USN (RET) PHYSICIAN (RET)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2016
Transaction ID : SA11A.776764
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. DELANEY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 440
 City VAUGHN State WA Zip Code 98394-0440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : SA11A.776245
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DELANEY, ROBERT, , ,

Mailing Address P.O. BOX 440

City VAUGHN State WA Zip Code 98394-0440

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2016

Transaction ID : SA11A.776379

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 440

City VAUGHN State WA Zip Code 98394-0440

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2016

Transaction ID : SA11A.776418

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 440

City VAUGHN State WA Zip Code 98394-0440

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 14 / 2016

Transaction ID : SA11A.776779

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. DELANEY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 440

City VAUGHN	State WA	Zip Code 98394-0440
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11A.776827

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

B. DUNIPACE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5462 SPINDLE TREE RD

City INDIANAPOLIS	State IN	Zip Code 46268-3936
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11A.776325

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

C. DUNIPACE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5462 SPINDLE TREE RD

City INDIANAPOLIS	State IN	Zip Code 46268-3936
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11A.776333

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

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

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)
Defenders of Freedom and Security

A. DUNIPACE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5462 SPINDLE TREE RD
 City INDIANAPOLIS State IN Zip Code 46268-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 25 / 2016
Transaction ID : SA11A.776334
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. ELLIOTT, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CASTLE GARDENS DR.
 City CASTLE HILLS State TX Zip Code 78231-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2016
Transaction ID : SA11A.776376
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. ELLIOTT, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CASTLE GARDENS DR.
 City CASTLE HILLS State TX Zip Code 78231-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2016
Transaction ID : SA11A.776425
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<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)
Defenders of Freedom and Security

A. ELLIOTT, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CASTLE GARDENS DR.
 City CASTLE HILLS State TX Zip Code 78231-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776495
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. FAIRBANKS, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1946 WYOMING ST
 City BREMERTON State WA Zip Code 98310-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 23 / 2016
Transaction ID : SA11A.776296
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

C. FAIRBANKS, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1946 WYOMING ST
 City BREMERTON State WA Zip Code 98310-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11A.776346
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. FAIRBANKS, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1946 WYOMING ST
 City BREMERTON State WA Zip Code 98310-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11A.776427
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. FAIRBANKS, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1946 WYOMING ST
 City BREMERTON State WA Zip Code 98310-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 12 / 2016
Transaction ID : SA11A.776736
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. HALSEY, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11155 CLARKSON ST
 City NORTHGLENN State CO Zip Code 80233-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WHITEWAVE FOODS Occupation (for Individual) CHEMIST
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776477
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 17 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HARBS, CHARLOTTE, H., MS.,

Mailing Address 64-86 82ND PL

City MIDDLE VILLAGE State NY Zip Code 11379-

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

Name of Employer (for Individual) NOT APPLICABLE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2016

Transaction ID : SA11A.776633

Amount of Each Receipt this Period
 50.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARBS, CHARLOTTE, H., MS.,

Mailing Address 64-86 82ND PL

City MIDDLE VILLAGE State NY Zip Code 11379-

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

Name of Employer (for Individual) NOT APPLICABLE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2016

Transaction ID : SA11A.776635

Amount of Each Receipt this Period
 50.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HARBS, CHARLOTTE, H., MS.,

Mailing Address 64-86 82ND PL

City MIDDLE VILLAGE State NY Zip Code 11379-

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

Name of Employer (for Individual) NOT APPLICABLE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2016

Transaction ID : SA11A.776636

Amount of Each Receipt this Period
 50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 18 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. HARBS, CHARLOTTE, H., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64-86 82ND PL

City MIDDLE VILLAGE	State NY	Zip Code 11379-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) NOT APPLICABLE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2016

Transaction ID : SA11A.776637

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

B. HARBS, CHARLOTTE, H., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64-86 82ND PL

City MIDDLE VILLAGE	State NY	Zip Code 11379-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) NOT APPLICABLE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2016

Transaction ID : SA11A.776802

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

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

Mailing Address 1713 MCRAE RD NW

City ARLINGTON	State WA	Zip Code 98223-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) FOOD SERVICES
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2016

Transaction ID : SA11A.776256

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<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)
Defenders of Freedom and Security

A. HELENIAK, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 221130

City SAN DIEGO	State CA	Zip Code 92192-1130
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2016

Transaction ID : SA11A.733317

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED CONTRIBUTION FOR JOHN KENNEDY FOR US, C00608398

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

Mailing Address 1520 JASPER DR.

City SUNNYVALE	State CA	Zip Code 94087-4111
-------------------	-------------	------------------------

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

Name of Employer (for Individual) J. HERDOCIA	Occupation (for Individual) ACCOUNTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2016

Transaction ID : SA11A.776605

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

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

Mailing Address 1520 JASPER DR.

City SUNNYVALE	State CA	Zip Code 94087-4111
-------------------	-------------	------------------------

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

Name of Employer (for Individual) J. HERDOCIA	Occupation (for Individual) ACCOUNTANT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2016

Transaction ID : SA11A.776607

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. HIRSCH, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GEARY ST
STE. 403

City SAN FRANCISCO State CA Zip Code 94108-

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

Name of Employer (for Individual) NONE Occupation (for Individual) NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.32

Date of Receipt
10 / 20 / 2016
Transaction ID : SA11A.776232

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 12 GEARY ST
STE. 403

City SAN FRANCISCO State CA Zip Code 94108-

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

Name of Employer (for Individual) NONE Occupation (for Individual) NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.32

Date of Receipt
10 / 25 / 2016
Transaction ID : SA11A.776327

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 12 GEARY ST
STE. 403

City SAN FRANCISCO State CA Zip Code 94108-

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

Name of Employer (for Individual) NONE Occupation (for Individual) NONE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
326.32

Date of Receipt
11 / 01 / 2016
Transaction ID : SA11A.776518

Amount of Each Receipt this Period
75.16

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	175.16
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 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. HIRSCH, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GEARY ST
STE. 403

City SAN FRANCISCO	State CA	Zip Code 94108-
-----------------------	-------------	--------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NONE
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

Transaction ID : SA11A.776670

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 3 CHUKAR CT

City LANCASTER PA	State PA	Zip Code 17602-
----------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11A.776543

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 880
P.O. BOX 880

City CUPERTINO	State CA	Zip Code 95015-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) RETORED	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2016

Transaction ID : SA11A.776366

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. HOFFMAN, JENAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 880
 P.O. BOX 880
 City CUPERTINO State CA Zip Code 95015-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETORED Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776499
 Amount of Each Receipt this Period 30.00
 Memo Item CONTRIBUTION

B. HULTIN, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 178 GRANITE STREET
 City ROCKPORT State MA Zip Code 01966-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11A.733316
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 EARMARKED CONTRIBUTION FOR FRIENDS OF TODD YOUNG, C00459255

C. KATHER, ERICH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1526 JASPER DR.
 City SUNNYVALE State CA Zip Code 94087-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11A.776263
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. LINDEE, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 PINE LN
 City LOS ALTOS State CA Zip Code 94022-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2016
Transaction ID : SA11A.776276
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. LINDEE, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 PINE LN
 City LOS ALTOS State CA Zip Code 94022-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2016
Transaction ID : SA11A.776297
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. LINDEE, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 PINE LN
 City LOS ALTOS State CA Zip Code 94022-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11A.776345
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. LINDEE, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 PINE LN
 City LOS ALTOS State CA Zip Code 94022-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11A.776559
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. MALONEY-BENEDIX, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 HEARTHSTONE PL
 City ANDOVER State MA Zip Code 01810-5421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PUDDLE DUCK DAY CARE, INC. Occupation (for Individual) CHILDCARE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11A.776339
 Amount of Each Receipt this Period
 150.00
 Memo Item
 CONTRIBUTION

C. MUCCITELLI, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 2605
 City FLAGSTAFF State AZ Zip Code 86003-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11A.776549
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
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 25 OF 46
	<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)
Defenders of Freedom and Security

A. MUCCITELLI, LOUIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 2605

City FLAGSTAFF	State AZ	Zip Code 86003-2605
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11A.776551

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 2605

City FLAGSTAFF	State AZ	Zip Code 86003-2605
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

Transaction ID : SA11A.776552

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 2800 MASON AVE

City LAS VEGAS	State NV	Zip Code 89102-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) TEACHER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

Transaction ID : SA11A.776659

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. MURPHY, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19951 COLLIER ST
 City WOODLAND HILLS State CA Zip Code 91364-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 01 / 2016
Transaction ID : SA11A.776510
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. MURPHY, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19951 COLLIER ST
 City WOODLAND HILLS State CA Zip Code 91364-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 02 / 2016
Transaction ID : SA11A.776534
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. MURPHY, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19951 COLLIER ST
 City WOODLAND HILLS State CA Zip Code 91364-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 03 / 2016
Transaction ID : SA11A.776573
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
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 27 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. MURPHY, ANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19951 COLLIER ST

City WOODLAND HILLS	State CA	Zip Code 91364-3504
------------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2016

Transaction ID : SA11A.776615

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 19951 COLLIER ST

City WOODLAND HILLS	State CA	Zip Code 91364-3504
------------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2016

Transaction ID : SA11A.776813

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. NICHOLAS, PHYLLIS, W., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 HOWARD RD

City GREENWICH	State CT	Zip Code 06831-
-------------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : SA11A.776474

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 28 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. NICHOLAS, PHYLLIS, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 HOWARD RD
 City GREENWICH State CT Zip Code 06831-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11A.776826
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. PELLISSIER, DIANNE, J., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 SHASTA DR. APT. 2219
 City DAVIS State CA Zip Code 95616-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2016
Transaction ID : SA11A.776416
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. SAMUELS, STEPHANIE J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR. 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 20 / 2016
Transaction ID : SA11A.776242
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 23 / 2016
Transaction ID : SA11A.776294
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11A.776372
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11A.776373
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 27 / 2016
Transaction ID : SA11A.776390
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776480
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776484
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75.00
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 31 OF 46
	<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)
Defenders of Freedom and Security

A. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11A.776555
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. SAMUELS, STEPHANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GILBERT DR.
 25 GILBERT DR.
 City HYDE PARK State NY Zip Code 12538-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11A.776728
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. SANDERS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21543 ELM HURST
 City KATY State TX Zip Code 77450-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) MECHANICAL ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11A.776470
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION
 REFUNDED \$500.00 ON 11/08/2016

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. SANDERS, SUNNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10387 YATES CT
 City WESTMINSTER State CO Zip Code 80031-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 24 / 2016
Transaction ID : SA11A.776301
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. SOTOMAYOR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 CIN-D LN
 City SOMERSET State PA Zip Code 15501-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2016
Transaction ID : SA11A.776394
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. SOTOMAYOR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 CIN-D LN
 City SOMERSET State PA Zip Code 15501-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11A.776554
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 33 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. SWEATT, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : SA11A.776244

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2016

Transaction ID : SA11A.776399

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2016

Transaction ID : SA11A.776433

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75.00
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 34 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. SWEATT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11A.776482

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

B. SWEATT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11A.776553

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

C. SWEATT, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2016
Transaction ID : SA11A.776595

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. SWEATT, NANCY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2016

Transaction ID : SA11A.776609

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RET. ATTY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2016

Transaction ID : SA11A.776823

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 737

City EVANSTON	State IL	Zip Code 60204-
------------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2016

Transaction ID : SA11A.776344

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 36 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. TRIEM, SWANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 737

City EVANSTON	State IL	Zip Code 60204-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11A.776497

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

B. TRIEM, SWANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 737

City EVANSTON	State IL	Zip Code 60204-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2016
Transaction ID : SA11A.776642

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

C. WARR, R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1911 TAFT DR.

City LAKEWOOD	State CO	Zip Code 80215-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NA		Occupation (for Individual) NA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11A.776523

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 37 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WELSH, JAMES, , ,

Mailing Address **22 EMPTY SADDLE LN**

City **ROLLING HILLS ESTA** State **CA** Zip Code **90274-**

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

Name of Employer (for Individual) **N/A** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 11 / 2016

Transaction ID : SA11A.776721

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	8440.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 46
<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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. HILLMAN, TATNALL, LEA, CAPT., SC USNR RE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W BLEEKER ST

City ASPEN	State CO	Zip Code 81611-
---------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : SA17.733308

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HILLMAN, TATNALL, LEA, CAPT., SC USNR RE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W BLEEKER ST

City ASPEN	State CO	Zip Code 81611-
---------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : SA17.733309

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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"/> 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)
Defenders of Freedom and Security

Full Name (Last, First, Middle Initial) A. AMAGI STRATEGIES		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 424 EAST 10TH ST #4C		FEC Identification Number C [] Transaction ID : SB21B.I9484 Amount of Each Disbursement this Period 1635.00
City NEW YORK	State NY	Zip Code 10009-4288
Purpose of Disbursement PAC MANAGEMENT CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PAYPAL		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016
Mailing Address 2211 NORTH FIRST STREET		FEC Identification Number C [] Transaction ID : SB21B.I9484 Amount of Each Disbursement this Period 798.64
City SAN JOSE	State CA	Zip Code 95131
Purpose of Disbursement MERCHANT PROCESSING FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 2211 NORTH FIRST STREET		FEC Identification Number C [] Transaction ID : SB21B.I9485 Amount of Each Disbursement this Period 20.00
City SAN JOSE	State CA	Zip Code 95131
Purpose of Disbursement CHARGEBACK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2453.64
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"/> 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)
Defenders of Freedom and Security

Full Name (Last, First, Middle Initial)

A. PAYPAL

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement
CHARGEBACK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9485:
Amount of Each Disbursement this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement
MM / DD / YYYY

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

20.00
2473.64

**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"/> 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)

Defenders of Freedom and Security

Full Name (Last, First, Middle Initial)

A. BERGMAN FOR CONGRESS

Mailing Address N5070 CISCO LAKE RD

City
WATERSMEET

State
MI

Zip Code
49969

Purpose of Disbursement
GENERAL ELECTION CONTRIBUTION

Candidate Name

BERGMAN, JOHN, , MR.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C 00614214

Transaction ID : SB23.I94855

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR.

City
SACRAMENTO

State
CA

Zip Code
95833

Purpose of Disbursement
GENERAL ELECTION CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB23.I94858

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DENISE GITSHAM FOR CONGRESS

Mailing Address 427 C STREET

City
SAN DIEGO

State
CA

Zip Code
92101

Purpose of Disbursement
GENERAL ELECTION CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB23.I94859

Amount of Each Disbursement this Period

150.00

Memo Item

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

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

1400.00

**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 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

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

A. DON BACON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 391368

City OMAHA State NE Zip Code 68139

Purpose of Disbursement
GENERAL ELECTION CONTRIBUTION

Candidate Name
BACON, DONALD, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NE District: 02

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C C00575167

Transaction ID : **SB23.I94860**
Amount of Each Disbursement this Period
250.00

Memo Item

B. FRIENDS OF TODD YOUNG

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM MARIE HULTIN

Candidate Name
YOUNG, TODD, CHRISTOPHER, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C

Transaction ID : **SB23.I94845**
Amount of Each Disbursement this Period
50.00

Memo Item

C. FRIENDS OF TODD YOUNG

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
GENERAL ELECTION CONTRIBUTION

Candidate Name
YOUNG, TODD, CHRISTOPHER, ,

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

Date of Disbursement
MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C

Transaction ID : **SB23.I94856**
Amount of Each Disbursement this Period
300.00

Memo Item

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

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

600.00

**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 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

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NAME OF COMMITTEE (In Full)
Defenders of Freedom and Security

Full Name (Last, First, Middle Initial) A. JOHN KENNEDY FOR US		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address 2900 CLEARVIEW PKWY SUITE 206		FEC Identification Number C 00608398 Transaction ID : SB23.I94844
City METAIRIE	State LA	Zip Code 70006
Purpose of Disbursement EARMARKED CONTRIBUTION FROM FRANK BESSON		Amount of Each Disbursement this Period 100.00
Candidate Name KENNEDY, JOHN, NEELY, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: LA	District: 00	

Full Name (Last, First, Middle Initial) B. JOHN KENNEDY FOR US		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address 2900 CLEARVIEW PKWY SUITE 206		FEC Identification Number C 00608398 Transaction ID : SB23.I97173
City METAIRIE	State LA	Zip Code 70006
Purpose of Disbursement EARMARKED CONTRIBUTION FROM JIM HELENIAC		Amount of Each Disbursement this Period 25.00
Candidate Name KENNEDY, JOHN, NEELY, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: LA	District: 00	

Full Name (Last, First, Middle Initial) C. SHERIFF SCOTT JONES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 2150 RIVER PLAZA DR.		FEC Identification Number C Transaction ID : SB23.I94857
City SACRAMENTO	State CA	Zip Code 95833
Purpose of Disbursement GENERAL ELECTION CONTRIBUTION		Amount of Each Disbursement this Period 500.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	2625.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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)

Defenders of Freedom and Security

Full Name (Last, First, Middle Initial)

A. PAYPAL

Mailing Address 2211 NORTH FIRST STREET

City
SAN JOSE

State
CA

Zip Code
95131

Purpose of Disbursement
CAREY ACCT: MERCHANT 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	Y	Y
11			10			2016					

FEC Identification Number

C []

Transaction ID : SB29.194851

Amount of Each Disbursement this Period

[] 175.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

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

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 175.00

[] 175.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Defenders of Freedom and Security	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00536664 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item FACEBOOK, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016						
Mailing Address 1 HACKER WAY	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> Transaction ID : SE24.93948 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>MENLO PARK</td> <td>CA</td> <td>94025-1452</td> </tr> </table>		City	State	Zip Code	MENLO PARK	CA	94025-1452
City		State	Zip Code				
MENLO PARK	CA	94025-1452					
Purpose of Expenditure DIGITAL ADVERTISING							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MAST, BRIAN, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 18 State: FL						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3750.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item FACEBOOK, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 06 / 2016						
Mailing Address 1 HACKER WAY	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> Transaction ID : SE24.93953 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>MENLO PARK</td> <td>CA</td> <td>94025-1452</td> </tr> </table>		City	State	Zip Code	MENLO PARK	CA	94025-1452
City		State	Zip Code				
MENLO PARK	CA	94025-1452					
Purpose of Expenditure ONLINE ADVERTISING							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose GLENN, DARRYL, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: CO						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3750.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

STERN, ADAM, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Defenders of Freedom and Security	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00536664 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MOUNDSPRINGS STRATEGIES, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 2423 C STREET #11			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3000.00 </div> Transaction ID : SE24.93949		
City SACRAMENTO	State CA	Zip Code 95816			
Purpose of Expenditure VIDEO PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Name of Federal Candidate: MAST, BRIAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 18 State: FL		
Calendar Year-To-Date Per Election for Office Sought 3750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MOUNDSPRINGS STRATEGIES, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 06 / 2016		
Mailing Address 2423 C STREET #11			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3000.00 </div> Transaction ID : SE24.93955		
City SACRAMENTO	State CA	Zip Code 95816			
Purpose of Expenditure VIDEO PRODUCTION		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Name of Federal Candidate: GLENN, DARRYL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: CO		
Calendar Year-To-Date Per Election for Office Sought 3750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>

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

STERN, ADAM, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

Signature