Image# 20201203933757	0360				_			PAGE 1 / 38
FEC FORM 3X	AND	ORT OF DISBUF er Than An Au	RSEN		S		Office Use (	Dnly
1. NAME OF COMMITTEE (in ful	-	R PRINT ▼		nple: If typii the lines.	ng, type	12FE4M		
						1		
ADDRESS (number and s		SUNSET AVE #130						
Check if differe than previously reported. (ACC	FAIR	DAKS			<u> </u>		95628	· · · · · · · · · · · · · · · · · · ·
2. FEC IDENTIFICAT		▼ CI	TY 🔺	· · · · ·	S		ZII	
C C00536664			is this Report	~	NEW N) <b>OR</b>	AN (A	MENDED )	
<ul> <li><b>4. TYPE OF REPO</b> (Choose One)</li> <li>(a) Quarterly Repor</li> <li>April 15 Quarterly F</li> </ul>	ts:	eport ue On: Ma	b 20 (M2) ar 20 (M3) r 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep Oct	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 15 Quarterly F October 15 Quarterly F January 31	Report (Q2)	<b>PRE</b> -Election Report for the:		Primary (12F		General Special	(12S)	the
July 31 Mic Report (No Year Only)	d-Year (d) n-election (MY)		ion on	General (300	ā)	Runoff (		Special (30S)
(TER)		Electi	ion on	M M /	03 /	2020		the tate of
5. Covering Period	M M / D 10	15 / Y Y Y 2020	Ŷ	through	M M 11	/ D D	2020	• Y
I certify that I have exam Type or Print Name of T	Horna	and to the best o day, Alexander, , ,	f my know	ledge and l	belief it is true	e, correct an	d complete.	
Signature of Treasurer	Hornaday, Alexa	under, , ,	1	Electronicall	y Filed] Da	ate 12	M / D D 02	/ 2020
NOTE: Submission of fals	e, erroneous, or i	ncomplete informatio	on may sub	pject the per-	son signing thi	is Report to t	he penalties	of 52 U.S.C. § 3010
Office Use Only								<b>FORM 3X</b> 05/2016

12/03/2020 06 : 24

x

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

### DEFENDERS OF FREEDOM AND SECURITY

R	eport Covering the Period: From:	M / D D / Y Y Y Y 15 2020 To:	M         M         /         D         D         /         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		9740.07
	(b) Cash on Hand at Beginning of Reporting Period	31631.42	
	(c) Total Receipts (from Line 19)	23174.65	118782.33
	<ul><li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</li></ul>	54806.07	128522.40
7.	Total Disbursements (from Line 31)	16991.12	90707.45
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37814.95	37814.95
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	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

Image#	20201	203933	7570362
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### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### DEFENDERS OF FREEDOM AND SECURITY

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	10090.00	38379.00
(ii) Unitemized	13084.65	80403.33
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	23174.65	118782.33
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	49. 49 49 49	
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	23174.65	118782.33
Totals to Line 33, page 5)	41 41 41	
Party Committees	0.00	0.00
Tarty Committees		
3. All Loans Received	0.00	0.00
		47. 47. 48.
1 Leen Denoumente Desciued	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	23174.65	118782.33
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	23174.65	118782.33

Page 3

I

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	COLUMN A	Page 4
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>Operating Expenditures:</li> <li>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</li> </ul>		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	1056.12	21837.4
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	1056.12	21837.4
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	2750.00	6500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	13185.00	62370.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity	20))	
(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	7 7 7	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16991.12	90707.45
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	16991.12	90707.45
	16991.12	90707.

### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)	
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### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

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				23174.65
less.	 -		 -	23174.00
				1056.12
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21837.45	-	+++++++++++++++++++++++++++++++++++++++	-	-	+	

COLUMN B

Calendar Year-to-Date



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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			[	Detailed Summary Page		11a 13	1		11 14	1b 4		11c 15		12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					for tl			pos	se of	sol	iciting		ntribu	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM ANI															
Α.	Full Name of Individual (Last, First, Middle Initial) Anneberg, Spencer, , , Mailing Address 745 N Corona St	or Full Or	rgai	nization Name	Date of Receipt											
	City Denver	State CO		Zip Code 80218	_	Tra	ns					11AI.9	9657	7		
	FEC ID number of contributing federal political committee.	С												150.	00	
	Name of Employer (for Individual) retired	Occu Retir		ion (for Individual)		onat			o It	em						
	Receipt For:     2020     A       Primary     ✗     General       Other (specify) ▼	Aggregate `	Yea	rr-to-Date ▼ 450.00												
в.	Full Name of Individual (Last, First, Middle Initial) Boyd, Gary, , ,	or Full Or	rgai	nization Name		Date	of	Re	ece	eipt						
	Mailing Address 8040 resurrection Dr	Otata		Zin Oode		<sup>™</sup>		/	E	26		/ Y	ү 20	20	Y	
	City Anchorage	State AK		Zip Code 99504								11AI.9 eipt thi				
	FEC ID number of contributing federal political committee.	С				Ē			-				_	25.	00	
	Name of Employer (for Individual) Retired	Occu Reti	•	tion (for Individual)		onat			o It	em						
	Receipt For:     2020     A       Primary     ▼     General       Other (specify)     ▼	Aggregate `	Yea	ur-to-Date ▼ 225.00												
С.	Full Name of Individual (Last, First, Middle Initial) breithaupt, paul, , ,	or Full Or	rgai	nization Name		Date	of	Re	ece	eipt						
	Mailing Address 2025 swan Dr					M 1		1	E	D D D 26		/ Y		20 <sup>Y</sup>	Y	
	City costa mesa	State CA		Zip Code 92626								11AI.s				
	FEC ID number of contributing federal political committee.	С				Ē			y			y	_	50.	00	
	Name of Employer (for Individual) ret Receipt For: 2020	ret	<u> </u>	ion (for Individual)		Dona			o It	tem						
	Primary X General Other (specify)	Aggregate	yea	rr-to-Date ▼ 400.00												
s	UBTOTAL of Receipts This Page (optional)			••••••	•				,			5		225.	00	
т	OTAL This Period (last page this line number only	/)		••••••					_			_				

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# SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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38

	er than using the name and Full) REEDOM AND SEC , First, Middle Initial) or Full point Ln Ing dual) C Aggregat	address of any political committee	13       14       15       16       17         erson for the purpose of soliciting contributions to solicit contributions from such committee.       Date of Receipt       11       15       2020         Transaction ID : SA11AI.9542       Amount of Each Receipt this Period       250.00       250.00         Memo Item Donation       Memo Item       Donation       15       16       17
DEFENDERS OF F         Full Name of Individual (Last         A.       brimhall, george, , ,         Mailing Address 31155 finley         City         polson         FEC ID number of contributing         federal political committee.         Name of Employer (for Indiviself         Receipt For: 2020         Primary       ✗ Gener         Other (specify) ▼         Full Name of Individual (Last         B.       Casperson, Carolina,         Mailing Address 100 Saint Pa         City         Denver         FEC ID number of contributing         federal political committee.         Name of Employer (for Indiviself         Receipt For: 2020         Primary       ✗ Gener         Receipt For: 2020         Primary       ✗ Gener	REEDOM AND SEC , First, Middle Initial) or Full point Ln Ig (dual) Aggregat	Organization Name Zip Code 59860 ccupation (for Individual) en contractor	Mmm       /       D       /       Y
<ul> <li>A. brimhall, george, , , Mailing Address 31155 finley</li> <li>City polson</li> <li>FEC ID number of contributin federal political committee.</li> <li>Name of Employer (for Indiviself</li> <li>Receipt For: 2020</li> <li>Primary ✗ Genered</li> <li>Other (specify) ▼</li> </ul> Full Name of Individual (Last B. Casperson, Carolina, Mailing Address 100 Saint Pation City Denver FEC ID number of contributin federal political committee. Name of Employer (for Indiviself Receipt For: 2020 Name of Employer (for Indiviself Receipt For: 2020 Primary ✗ Genered	point Ln State MT ng C Gual) Oc ge Aggregat	Zip Code 59860 ccupation (for Individual)	Mmm       /       D       /       Y
City polson FEC ID number of contributing federal political committee. Name of Employer (for Indivi- self Receipt For: 2020 □ Primary ¥ Gener Other (specify) ▼ Full Name of Individual (Last B. Casperson, Carolina, Mailing Address 100 Saint Pa City Denver FEC ID number of contributing federal political committee. Name of Employer (for Indivi- self Receipt For: 2020 □ Primary ¥ Gener	dual) Oc Aggregat	59860 Ecupation (for Individual) en contractor	11       15       2020         Transaction ID : SA11AI.9542         Amount of Each Receipt this Period         250.00         Memo Item
polson         FEC ID number of contributing         federal political committee.         Name of Employer (for Indiviself         Receipt For: 2020         Primary         X         Genee         Other (specify) ▼         E         Full Name of Individual (Last         B.       Casperson, Carolina,         Mailing Address 100 Saint Pa         City         Denver         FEC ID number of contributing         federal political committee.         Name of Employer (for Indiviself         Receipt For: 2020         Primary       x         Genee	dual) Oc Aggregat	59860 Ecupation (for Individual) en contractor	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Indivi- self Receipt For: 2020 Primary ★ Gener Other (specify) ▼ Full Name of Individual (Last B. Casperson, Carolina, Mailing Address 100 Saint Pa City Denver FEC ID number of contributing federal political committee. Name of Employer (for Indivi- self Receipt For: 2020 Primary ★ Gener	ng C dual) Oc ge	cupation (for Individual)	250.00
federal political committee.          Name of Employer (for Indiviself         Receipt For: 2020         Primary       ✗         Gene         Other (specify)         Full Name of Individual (Last         B.       Casperson, Carolina,         Mailing Address 100 Saint Pa         City         Denver         FEC ID number of contributing federal political committee.         Name of Employer (for Indiviself         Receipt For: 2020         Primary       ✗         Gene	dual) Oc ge Aggregat	en contractor	Memo Item
self Receipt For: 2020 Primary ✗ Gene Other (specify) ▼ Full Name of Individual (Last Casperson, Carolina, Mailing Address 100 Saint Pa City Denver FEC ID number of contributin federal political committee. Name of Employer (for Indiv self Receipt For: 2020 Primary ✗ Gene	ge Aggregat	en contractor	
Receipt For: 2020         Primary       ✔ Gene         Other (specify) ♥         Full Name of Individual (Last <b>B.</b> Casperson, Carolina,         Mailing Address 100 Saint Pa         City         Denver         FEC ID number of contributin         federal political committee.         Name of Employer (for Indiviself         Receipt For: 2020         Primary       ✔ Gene	Aggregate		Donation
Primary       ✗       General         Other (specify) ▼         Full Name of Individual (Last         B. Casperson, Carolina,         Mailing Address 100 Saint Pa         City         Denver         FEC ID number of contributing         federal political committee.         Name of Employer (for Indiviself         Receipt For: 2020         Primary       ✗         General		e Year-to-Date ▼	-
City FEC ID number of contributin federal political committee. Name of Employer (for Indiviself Receipt For: 2020 Primary ★ Gene			
Full Name of Individual (Last <b>B.</b> Casperson, Carolina, Mailing Address 100 Saint Pa City Denver FEC ID number of contributin federal political committee. Name of Employer (for Indiv self Receipt For: 2020 Primary X Gene			
B. Casperson, Carolina, Mailing Address 100 Saint Pa City Denver FEC ID number of contributing federal political committee. Name of Employer (for Indivi- self Receipt For: 2020 Primary X General Primary X General		250.00	
Mailing Address 100 Saint Pa City Denver FEC ID number of contributin federal political committee. Name of Employer (for Indiv self Receipt For: 2020		Organization Name	Date of Receipt
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Denver FEC ID number of contributing federal political committee. Name of Employer (for Indiviself Receipt For: 2020 Primary X General	State	Zip Code	
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federal political committee. Name of Employer (for Indiv self Receipt For: 2020 Primary X Gene			Amount of Each Receipt this Period
self Receipt For: 2020 Primary X Gene	C		50.00
Primary 🖌 Gene		ccupation (for Individual) usician	Donation
	Aggregat	e Year-to-Date ▼	
Other (specify)			
		215.00	
Full Name of Individual (Last C. DeSimone, Richard,		Organization Name	Date of Receipt
Mailing Address 3443 Caram	bola Cir		M M / D D / Y Y Y Y 10 28 2020
City	State	Zip Code	Transaction ID : SA11AI.9417
Melbourne	FL	32940	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	ng C		50.00
Name of Employer (for Indivi	dual)	equation (for Individual)	Memo Item
Retired	,	cupation (for Individual) stired	Donation
Receipt For: 2020		e Year-to-Date ▼	
Primary X Gene			
Other (specify)		235.00	
SUBTOTAL of Receipts This F	'age (optional)		350.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM AN	ID SECI	UR	ITY													
A.	Full Name of Individual (Last, First, Middle Initia DeSimone, Richard, , ,	l) or Full O	rgar	nization Name		Date of Receipt											
	Mailing Address 3443 Carambola Cir			<b>T</b>		10 <sup>M</sup>		30		/ Y		020	Y				
	City Melbourne	State FL		Zip Code 32940						A11AI.9 ceipt thi							
	FEC ID number of contributing federal political committee.	С						,		-		50.0	0				
	Name of Employer (for Individual) Retired	Occu Reti		ion (for Individual)	D	Me		Item									
	Receipt For: 2020 Primary ✗ General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 285.00													
B.	Full Name of Individual (Last, First, Middle Initia DeSimone, Richard, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt									
	Mailing Address 3443 Carambola Cir					м м 11	/	01	)	/ Y	20	)20	Y				
	City Melbourne	State FL		Zip Code 32940						<b>A11AI.9</b> ceipt thi							
	FEC ID number of contributing federal political committee.	С						<b>7</b>		-7		75.0	0				
	Name of Employer (for Individual) Retired	Occu Reti	•	ion (for Individual)	D	Me		Item									
	Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 360.00													
С.	Full Name of Individual (Last, First, Middle Initia Detrixhe, Ed, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt									
	Mailing Address 1651 N 260 Rd					<sup>M</sup> 10	/	16		/ Y		)20	Ŷ				
	City Clyde	State KS		Zip Code 66938						A11AI.9							
	FEC ID number of contributing federal political committee.	С						y .		9		100.0	0				
	Name of Employer (for Individual) self-employed	Occu farm	•	ion (for Individual)		Monation		Item									
	Receipt For: 2020 Primary X General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1050.00													
s	UBTOTAL of Receipts This Page (optional)			•	.			,	ļ	9		225.0	0				
т	OTAL This Period (last page this line number or	ıly)		••••••				,		-							

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# 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)

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				Detailed Summary Page	×	11a 13		11		11c		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na					for the		pos	se of s	olicitin		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM ANI	D SEC	UF	RITY									
A.	Full Name of Individual (Last, First, Middle Initial) Dietz, Thomas, , , Mailing Address 8610 Groveland Dr	or Full O	Drga	nization Name		Date of	_		ipt	/ Y	Y	Y	Y
	0 City Springfield	State VA		Zip Code 22153						SA11AI.	.933		
		С	i			Amoun	O	Ea	cn Re	ceipt th		25.0	0
	Name of Employer (for Individual) Retired	Occ Reti	•	tion (for Individual)		Monation		o Ite	em				
	Receipt For:     2020     Primary     ✓       Primary     ✗     General       Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 215.00	1								
B.	Full Name of Individual (Last, First, Middle Initial) Fife, Nancy, , ,	or Full O	Drga	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 10101 N Arabian Trl Unit 1029 City	State		Zip Code		10 <b>Tranc</b>	/ 	L	21	/ Y	1	020 6	Y
	Scottsdale	AZ		85258				-		ceipt th			
	FEC ID number of contributing federal political committee.	С						-			_	25.0	0
	Name of Employer (for Individual) Retired		cupa tired	tion (for Individual)	D	Monation		o Ite	em				
	Receipt For:     2020     A       Primary     ▼     General       Other (specify)     ▼	Aggregate	Yea	ar-to-Date ▼ 270.00									
C.	Full Name of Individual (Last, First, Middle Initial) Fife, Nancy, , ,	or Full O	Drga	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 10101 N Arabian Trl Unit 1029	State		Zip Code		10 <sup>M</sup>	Ŀ.	L	22	/ Y	20	020	Ŷ
	City Scottsdale	AZ		85258						SA11AL			
	FEC ID number of contributing federal political committee.	С						,		, j		25.0	0
	Name of Employer (for Individual) Retired	Occi Reti	•	tion (for Individual)		M		o Ite	em				
	Receipt For:     2020     Primary     Primary     Constraints       Other     (specify)	Aggregate	Yea	ar-to-Date ▼ 295.00	1								
s	UBTOTAL of Receipts This Page (optional)				•			7				75.0	0
т	OTAL This Period (last page this line number only	/)			-			-		-7-			

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM AN	ID SEC	UF	RITY										
A.	Full Name of Individual (Last, First, Middle Initial Finner, Thomas, , ,	l) or Full C	Orga	nization Name			Date of	Re	ceipt					
	Mailing Address 3038 Santee Ct						10 <sup>M</sup>	/	25			y y 2020	Y	
	City Indian Land	State SC		Zip Code 29707		-	Trans: Amount				1 <b>AI.93</b> ipt this			
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	Name of Employer (for Individual) Retired		cupat tired	tion (for Individual)			Me Donation		Item					
	Receipt For:       2020         Primary       ✗         General         Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 25	50.00									
в.	Full Name of Individual (Last, First, Middle Initial Haas, Glen, , ,	l) or Full C	Orga	nization Name			Date of	Re	ceipt					
	Mailing Address 880 Open Sky Ct	_					<sup>M</sup> 10	1	D 19		Y 2	y y 2020	Y	
	City Allen	State TX		Zip Code 75013		_	Transa Amount			-	1AI.959 ipt this			
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	Name of Employer (for Individual) Aragio Solutions		cupa gine	tion (for Individual) er			Me Oonation	emo	Item					
	Receipt For:       2020         Primary       x         General         Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 3(	00.00									
С.	Full Name of Individual (Last, First, Middle Initial Hennessy, Rick, , ,	l) or Full C	Orga	nization Name			Date of	Re	ceipt					
	Mailing Address PO Box 774			1			10 <sup>M</sup>	/	D 26	;	2	2020	Y	
	City York	State ME		Zip Code 03909		-	Trans Amount				I <b>1AI.92</b> ipt this			
	FEC ID number of contributing federal political committee.	С					<u> </u>		9		9	25.	00	]
	Name of Employer (for Individual) Retired	Occ Reti	•	tion (for Individual)			Me Donation		Item					
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				Detailed Summary Page		11a	ı		11b	-	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the					for th			pose		soliciti		ontribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM A	ND SEC	UF	RITY										
Α.	Full Name of Individual (Last, First, Middle In Hodson, Lawrence, , , Mailing Address 835 Mustang Pass	itial) or Full C	)rga	nization Name				Re	eceipt					Y
	City	State		Zip Code		1 	)	, acti	2	20 D • S	6A11A	-	2020 7	Ŷ
	Aurora	OH		44202									Period	
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	Name of Employer (for Individual) Midwest Circuit Technology	Occ Sale	•	tion (for Individual)		Donat		emo	lten	ı				
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в.	Full Name of Individual (Last, First, Middle In Hodson, Lawrence, , ,	itial) or Full C	)rga	nization Name		Date	of	Re	eceipt					
	Mailing Address 835 Mustang Pass					<sup>™</sup>		/		D 24	/	ү ү 2(	020	Y
	City	State		Zip Code							A11A			
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	Name of Employer (for Individual) Midwest Circuit Technology	Occ Sal	•	tion (for Individual)		onat		emo	lten	ı				
	Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 275.00										
C.	Full Name of Individual (Last, First, Middle In Hodson, Lawrence, , ,	itial) or Full C	)rga	nization Name		Date	of	Re	eceipt	:				
	Mailing Address 835 Mustang Pass	1-				<sup>™</sup> 1	C	/		25	/	20	020	Y
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	FEC ID number of contributing federal political committee.	С					unt	or	Eacr	i Re	ceipt	this f	Period 50.0	00
	Name of Employer (for Individual) Midwest Circuit Technology	Occ	•	tion (for Individual)		Dona			b Iten	n				
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the n					or the		pose of	soliciting		ntribut	ions
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	Name of Employer (for Individual) Retired	Occu Reti	•	ion (for Individual)	D	Me		Item				
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B.	Full Name of Individual (Last, First, Middle Initia Kleber, Raymond, , ,	l) or Full O	rgar	nization Name	[	Date of	Re	ceipt				
	Mailing Address 695 E New Hope Rd					<sup>M</sup> 10	/	D D D 28	/ Y	ү 20	)20	Y
	City Goldsboro	State NC		Zip Code 27534					SA11AI. eceipt th		-	
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с.	Full Name of Individual (Last, First, Middle Initia Kleber, Raymond, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt				
	Mailing Address 695 E New Hope Rd	1				<sup>M</sup> 10	1	28	/ Y		)20 <sup>°</sup>	Y
	City Goldsboro	State NC		Zip Code 27534					SA11AI			
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	Name of Employer (for Individual) Retired	Occu Retir	•	ion (for Individual)	D	Me		tem				
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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or	for commercial purposes, other than using th	e name and a	ddress of any political committee	to s	olicit cor	ntrib	utions	from suc	h cc	ommitt	ee.	
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)											
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>X</b> 11a 13	$\vdash$	11b 14	11c	12		17
	y information copied from such Reports and Stal for commercial purposes, other than using the n								soliciting			
	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM AN	ID SEC	UF	RITY								
Α.	Full Name of Individual (Last, First, Middle Initia Leichman, Jeffery, , ,	l) or Full O	rga	nization Name		Date of	Rec	eipt				
	Mailing Address 1905 Maple St	State		Zip Code	_	11 Trans	/ 	19	SA11AI	2020		
	Des Plaines	IL		60018					leceipt th		bc	
	FEC ID number of contributing federal political committee.	С						-			0.00	
	Name of Employer (for Individual) Good Shepherd Lutheran Church (LCMS)	Occ	•	tion (for Individual) nan		Donation	emo 1	ltem				
	Receipt For: 2020 Primary X General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00								
	Full Name of Individual (Last, First, Middle Initia Lenhard, Walter, , ,	l) or Full O	rga	nization Name		Date of	Rec	eipt				
	Mailing Address 104 LOCHA Dr					<sup>M</sup> 10	1	D D 18	/ Y	2020	Y	
	City Jupiter	State FL		Zip Code 33458	_				SA11AI. Receipt th		bd	
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	Name of Employer (for Individual) na	Occ na I		tion (for Individual) red		Me Donation	emo	ltem				
	Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00								
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	Mailing Address 104 LOCHA Dr	1		1		<sup>M</sup> 10	1	D D D 28	) / Y	2020		
	City Jupiter	State FL		Zip Code 33458					SA11AI		ad	
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM AND	SECURITY	
Sleepy Hollow N FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired	tate Zip Code IY 10591	Date of Receipt
Sleepy Hollow     N       FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual) Retired	tate Zip Code JY 10591	Date of Receipt
Sleepy Hollow N FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired	tate Zip Code NY 10591	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		175.00

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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Retired Re	Organization Name Zip Code 10591 ccupation (for Individual) etired te Year-to-Date ▼ 600.00	Date of Receipt
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	y information copied from such Reports and Staten for commercial purposes, other than using the nam						for t			pose		solicit		ontribu		าร
$\left\rangle$	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM AND	SEC	URIT	ΓY												
A.	Full Name of Individual (Last, First, Middle Initial) of Lewit, William, , ,	or Full C	Drganiza	ation Name			Date	of	Re	eceip	ot					
	Mailing Address 3209 Kendal Way City	State	7	ip Code			1	-		L	19	/	2	y y 2020	Y	
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в.	Full Name of Individual (Last, First, Middle Initial) of Londal, Gerald, , ,	or Full C	Organiza	ation Name			Date	of	Re	eceip	ot					
	Mailing Address 818 Crooked Tree Dr						<sup>™</sup>		/	D	26	/	2	y y 2020	Y	
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C.	Full Name of Individual (Last, First, Middle Initial) o Maas, Stuart, , ,	or Full C	Organiza	ation Name			Date	of	Re	eceip	ot					
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS			Detailed Summary Page		<b>1</b> 1a		11b	11c		12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
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Α.	Full Name of Individual (Last, First, Middle Initia May, Paula, , , Mailing Address 1501 180 Beach Dr NE	l) or Full Oi	rgar	ization Name		Date of	Re	D I	ר / כ		Ý	Ŷ
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	Mailing Address 5016 Park Commons Loop					<sup>M</sup> 10	1	D 16			)20 <sup>°</sup>	Y
	City Glen Allen	State VA		Zip Code 23059					SA11AI Receipt t		-	
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С.	Full Name of Individual (Last, First, Middle Initia Monnin, Gerald, , ,	l) or Full Oi	rgar	ization Name		Date of	Re	ceipt				
	Mailing Address Inverness Dr					<sup>M</sup> 10	/	27			)20 <sup>°</sup>	Y
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
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Defiance FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Recipt For:	or Full Organization Name State Zip Code OH 43512 Occupation (for Individual) Retired ggregate Year-to-Date  500.00	Date of Receipt
Pewaukee FEC ID number of contributing federal political committee. Name of Employer (for Individual) RTS Pageint For:	or Full Organization Name State Zip Code WI 53072 C Occupation (for Individual) health care ggregate Year-to-Date ▼ 300.00	Date of Receipt
Peck FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Respire Former approximate for the former ap	or Full Organization Name          State       Zip Code         ID       83545         Occupation (for Individual)         Retired         ggregate Year-to-Date          500.00	Date of Receipt
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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<u> </u>	Full Name of Individual (Last, First, Middle Initia ogden, gene, , , Mailing Address 22657 Cassel Rd PO Bx 22	l) or Full O	rga	nization Name		Date of	f Re	D		Y	Y Y	Y
	City Cassel	State CA		Zip Code 96016				01 i <b>on ID</b> :	: SA1			
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B.	Full Name of Individual (Last, First, Middle Initia ogden, gene, , ,	ll) or Full O	rga	nization Name		Date of	f Re	· .				
	Mailing Address 22657 Cassel Rd PO Bx 22	Ctoto		Zin Code		11 <sup>M</sup>	/	D 12	2		2020	Ŷ
	City Cassel	State CA		Zip Code 96016		Trans Amoun		on ID : Each F	-			1
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	Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 325.00								
C.	Full Name of Individual (Last, First, Middle Initia Plante, Robert, , ,	ll) or Full O	rga	nization Name		Date of	f Re	eceipt				
	Mailing Address 14 Spring Cove Rd	1-		1		<sup>M</sup> 10	L.	D 18	3		2020	Ŷ
	City Narragansett	State RI		Zip Code 02882		Trans Amount		ion ID Each F				1
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .		<u>, ,</u>	50	.00
	Name of Employer (for Individual) none	retire	ed	ion (for Individual)		M Donatior		) Item				
	Receipt For: 2020 Primary X General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 425.00								
s	UBTOTAL of Receipts This Page (optional)				•			,		,	150.	00
т	OTAL This Period (last page this line number or	ıly)			•	<u> </u>						

# SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	KEUEIF I J		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	17						
			not be sold or used by any pe dress of any political committee	erson for the	purpose of	soliciting	contribu	tions						
	OMMITTEE (In Full) DERS OF FREEDON	I AND SECU	IRITY											
A. Plante, Ro	f Individual (Last, First, Middle bert, , , ess 14 Spring Cove Rd	Initial) or Full Org	ganization Name	Date of	Receipt	) / Y	y y 2020	Ŷ						
City Narraganset	t	State RI	Zip Code 02882		action ID :									
FEC ID num	ber of contributing cal committee.	С			of Each R		50.	00						
none	ployer (for Individual)	Occup retire	pation (for Individual) d	Donation	emo Item									
Receipt For: Primary Other (		Aggregate Y	/ear-to-Date ▼ 475.00											
Full Name of B. Plante, R	<sup>;</sup> Individual (Last, First, Middle obert, , ,	Initial) or Full Org	ganization Name	Date of	Receipt									
Mailing Addre	ess 14 Spring Cove Rd			10	/ D D 26		y 2020	Y						
City		State	Zip Code	Trans	action ID :	SA11AI.9	248							
Narraganset		RI	02882	Amount of Each Receipt this Period										
	ber of contributing cal committee.	С					50.	00						
Name of Em	ployer (for Individual)	Occu retire	pation (for Individual) d	Me Donation	emo Item									
Receipt For: Primary Other (		Aggregate Y	/ear-to-Date ▼ 525.00											
	f Individual (Last, First, Middle NSKi, Anthony, , ,	Initial) or Full Org	ganization Name	Date of	Receipt									
Mailing Addre	ess 9609 Manitou Pk Dr			<sup>M</sup> 10	/ D D		y y 2020	Y						
City Minocqua		State WI	Zip Code 54548		action ID : of Each R									
	ber of contributing al committee.	С				9	100.	00						
Name of Em retired	ployer (for Individual)	Occup retired	bation (for Individual) d	Donation	emo Item 1									
Receipt For: Primary Other (		Aggregate Y	′ear-to-Date ▼ 600.00											
SUBTOTAL of	Receipts This Page (optional)					,	200.	00						

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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(check only one)

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		tailed Summary Page	<b>×</b> 11a	11b	11c	12								
Any information copied from such Reports or for commercial purposes, other than us														
NAME OF COMMITTEE (In Full)	OM AND SECURI	ΓY												
Full Name of Individual (Last, First, Mid Powers, Richard, , ,	Idle Initial) or Full Organiz	ation Name	Date of	Receipt										
Mailing Address 5623 J Riley West Rd	Otata 7	in Code	10 <sup>M</sup>	/ D D D 21	2	2020	Y							
City Greenback	State Z	ip Code 37742		action ID : SA of Each Rec										
FEC ID number of contributing federal political committee.	С					15.0								
Name of Employer (for Individual) none	Occupation retired	n (for Individual)	Donation	mo Item										
Receipt For: 2020 Primary	Aggregate Year-t	o-Date ▼ 303.00	]											
Full Name of Individual (Last, First, Mid B. Powers, Richard, , ,	ldle Initial) or Full Organiz	ation Name	Date of	Receipt										
Mailing Address 5623 J Riley West Rd														
City Greenback		ip Code 37742		Transaction ID : SA11AI.9471 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С				-y-	10.0	00							
Name of Employer (for Individual) none	Occupation retired	n (for Individual)	Me Donation	mo Item										
Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 313.00	]											
Full Name of Individual (Last, First, Mid C. Quigg, K., , ,	Idle Initial) or Full Organiz	ation Name	Date of	Receipt										
Mailing Address 1328 Academy Ave			M M 10	/ D D 18		2020	Y							
City Belmont		ip Code 94002		action ID : SA of Each Rec										
FEC ID number of contributing federal political committee.	С			,		50.0	00							
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Donation	emo Item										
Receipt For: 2020 Primary X General Other (specify)	Aggregate Year-t	o-Date ▼ 260.00	]											
SUBTOTAL of Receipts This Page (optic	nal)					75.0	00							
TOTAL This Period (last page this line n	umber only)	····· ]			-									

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# 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)

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ITEIWIZED RECEIFIS		Detailed Summary Page	<b>X</b> 11a 11b 11c 12	
			13 14 15 16	17
Any information copied from such Reports and or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full)				
> DEFENDERS OF FREEDOM	AND SEC	URITY		
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name		
A. Quigg, K., , ,			Date of Receipt	
Mailing Address 1328 Academy Ave			10 / D D / Y Y Y Y Y 10 19 2020	
City	State CA	Zip Code	Transaction ID : SA11AI.9776	
Belmont	CA	94002	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		25.00	)
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Retired	Reti	,	Donation	
Receipt For: 2020	Aggregate	Year-to-Date ▼		
Primary X General	Aggregate			
Other (specify) <b>v</b>		285.00		
Full Name of Individual (Last, First, Middle <b>B.</b> Rea, Bonita, , ,	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 11459 Hackett Rd				
			10 15 _2020	
City	State	Zip Code	Transaction ID : SA11AI.9393	
Roswell	GA	30075	Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	С		100.00	1
Nome of Employer (for Individual)	0.00	unation (for Individual)	Memo Item	
Name of Employer (for Individual) Retired	Ret	upation (for Individual) ired	Donation	
Receipt For: 2020				
Primary <b>x</b> General	Aggregate	Year-to-Date ▼		
Other (specify)		400.00		
Full Name of Individual (Last, First, Middle C. Rea, Bonita, , ,	Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 11459 Hackett Rd			M M / D D / Y Y Y Y 10 18 2020	1
City	State	Zip Code	Transaction ID : SA11AI.9394	-
Roswell	GA	30075	Amount of Each Receipt this Period	
FEC ID number of contributing	C		100.00	
federal political committee.	C			
Name of Employer (for Individual)		upation (for Individual)		
Retired Receipt For: 2020	Reti		Donation	
Primary X General	Aggregate	Year-to-Date ▼		
Other (specify)		500.00		
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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×			11b	11	· -	12	_
Any information copied from such Reports and	Statements m	av not be sold or used by any pe	erson	13 for the	Dur	14 pose c	15 of solici		16	ions
or for commercial purposes, other than using t										
NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM	AND SEC	URITY								
Full Name of Individual (Last, First, Middle A. Riegle, Edward, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt				
Mailing Address 5962 Brewer Rd				10 <sup>M</sup>	/	D 17	7		2020	Y
City Great Valley	State NY	Zip Code 14741	-				: SA11			
FEC ID number of contributing federal political committee.	С			Amoun		Each	Receip		Period 25.0	00
Name of Employer (for Individual) retired	Occ retir	upation (for Individual) ed		M Donatior		b Item				
Receipt For: 2020 Primary	Aggregate	Year-to-Date ▼ 210.00								
Full Name of Individual (Last, First, Middle B. Riegle, Edward, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt				
Mailing Address 5962 Brewer Rd	Ototo	Zia Ocda		м м 10	/	D 2			2020	Y
City Great Valley	State NY	Zip Code 14741					: SA11 Becein		89 Period	
FEC ID number of contributing federal political committee.	С						neeeip		50.0	00
Name of Employer (for Individual) retired	Occ retii	upation (for Individual) red		M Oonatior		b Item				
Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00								
Full Name of Individual (Last, First, Middle <b>Rieser, Sarah, , ,</b>	Initial) or Full C	rganization Name		Date o	f Re	eceipt				
Mailing Address 38 S Mews Wood Ct	Ototo	Zia Ocda		11			2		y y 2020	Y
City Spring	State TX	Zip Code 77381					: SA11 Receip		Period	
FEC ID number of contributing federal political committee.	С					y			100.0	00
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M Donation		o Item				
Receipt For: 2020 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
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

FOR LINE NUMBER:

(check only one)

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TEINIZED RECEIPTS for each category of the Detailed Summary Page		<b>X</b> 11a 11b 11c 12	
<b></b>			13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDON	AND SECU	JRITY	
Full Name of Individual (Last, First, Middle A. rosetti, madeleen, , ,	e Initial) or Full O	ganization Name	Date of Receipt
Mailing Address 1 18th Ave			10 21 2020
City	State	Zip Code	Transaction ID : SA11AI.9782
San Francisco	CA	94121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2800.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Retired	Reti	red	Donation
Receipt For: 2020	Aggregate	Year-to-Date 🔻	
Primary X General			
Other (specify) <b>v</b>		2800.00	
Full Name of Individual (Last, First, Middle	e Initial) or Full O	ganization Name	
B. Schommer, Diana, , ,			Date of Receipt
Mailing Address 1180 Montego Bay Dr N	State	Zip Code	10 / D D / Y Y Y Y 10 17 2020
City Merritt Island	State FL	Zip Code 32953	Transaction ID : SA11AI.9420
		32333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) none	Occu Reti	ipation (for Individual) red	Memo Item Donation
Receipt For: 2020	Aggregate	Year-to-Date 🔻	
Primary X General			
Other (specify) <b>v</b>		, 225.00	
Full Name of Individual (Last, First, Middle C. Schommer, Diana, , ,	e Initial) or Full O	ganization Name	Date of Receipt
Mailing Address 1180 Montego Bay Dr N			M M / D D / Y Y Y Y 10 26 2020
City	State	Zip Code	Transaction ID : SA11AI.9421
Merritt Island	FL	32953	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
none	Retir	ed	Donation
Receipt For: 2020	Aggregate	Year-to-Date 🔻	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional	0	· · ·	2850.00
SUBTUTAL OF Receipts This Page (optional	1)	•	

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

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# SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

Use separate schedule(s)

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(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b	11c		12					
Any information copied from such Reports and Statements may not be sold or us				13		14	15		16	17				
			y not be sold or used by any po Idress of any political committee											
	MMITTEE (In Full) ERS OF FREEDON	/I AND SECL	JRITY											
Full Name of A. Schulcz Sr,	Individual (Last, First, Middle Arthur, , ,	e Initial) or Full Or	ganization Name	Date of Receipt										
Mailing Addres	s 21043 Honeycreeper Pl				10 / Y Y Y Y Y 22 / 2020									
City		State	Zip Code		Trans	acti	ion ID :	SA11A	.931	0				
Leesburg		VA	20175	/	Amount	of	Each F	Receipt t	his F	'eriod				
FEC ID number federal politica	er of contributing I committee.	С							_	25.	00			
Name of Empl	oyer (for Individual)	Occu	pation (for Individual)		Me	emc	ltem							
Self		Attor	ney	D	onation	1								
Receipt For:	2020	Aggregate	/ear-to-Date ▼											
Primary	X General			11.										
Other (s	pecify) 🔻		275.00											
Full Name of B. Schulcz Sr	ndividual (Last, First, Middle , Arthur, , ,	e Initial) or Full Or	ganization Name	1	Date of	Re	ceipt							
Mailing Addres	S 21043 Honeycreeper Pl				м м 10	1	29	ר / ס		)20	Y			
City		State	Zip Code		Trans	acti	on ID :	SA11A	.931	1				
Leesburg		VA	20175	/	Amount	of	Each F	Receipt t	his F	'eriod				
FEC ID number federal politica	er of contributing I committee.	С					<u> </u>		_	50.	00			
Name of Emp Self	loyer (for Individual)	Occu Attor	pation (for Individual) ney	D	Me		tem							
Receipt For: 2 Primary Other (s	2020 X General pecify) ▼	Aggregate	/ear-to-Date ▼ 325.00	]										
Full Name of C. Sciola, Ch	Individual (Last, First, Middle	e Initial) or Full Or	ganization Name		Date of	Re	ceipt							
	SS 14 Kimball Ave				<sup>M</sup> 10	1	D 16			020 <sup>°</sup>	Y			
City		State	Zip Code		Trans	act	ion ID :	: SA11A	1.924	1				
Wenham		MA	01984	/	Amount	of	Each F	Receipt t	his F	'eriod				
FEC ID number federal politica	er of contributing I committee.	C					,	, ,		50.	00			
Name of Empl Retired	oyer (for Individual)	Occu Retire	pation (for Individual) ed	D	Monation		o Item							
Receipt For: Primary Other (s	X General	Aggregate	/ear-to-Date ▼ 775.00	]										
SUBTOTAL of F	Receipts This Page (optional	)	•••••				,	. ,	_	125.	00			

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

FEC Schedule A (Form 3X) Rev. 06/2016

# 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)

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			Detailed Summary Page	×	11a		11b	11c	Ш	12	_
					13		14	15		16	17
	ormation copied from such Reports and sommercial purposes, other than using th										
	E OF COMMITTEE (In Full)										
) DE	FENDERS OF FREEDOM /	AND SEC	URITY								
	Name of Individual (Last, First, Middle In	nitial) or Full C	rganization Name		_						
	ola, Charlotte, , ,			_	Date of	f Red	ceipt				
	ng Address 14 Kimball Ave				10 <sup>M</sup>	/	D D 20	/ Y		20 20	Y
City	h	State MA	Zip Code		Trans	actio	on ID :	SA11AI.9	242	<u>:</u>	
vver	ham		01984	- 1	Amount	t of I	Each R	eceipt this	s Pe	əriod	
	ID number of contributing ral political committee.	С					,			50.0	00
Nam	e of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item				
Retir	ed	Reti	red	D	onation	۱					
Rece	9 Pipt For: 2020	Aggregate	Year-to-Date ▼								
	Primary General		005.00								
	Other (specify) ▼		825.00								
	Name of Individual (Last, First, Middle In eights, James, , ,	nitial) or Full C	rganization Name		Date of	f Red	ceipt				
	ng Address 110 Bent Oak Dr				M M	_	01	/ Y	Y 202	Y 20	Y
City		State	Zip Code	_	_	actic		SA11AI.9	-		
Sha	vano Park	ТХ	78231					eceipt this			
FFC	ID number of contributing									-	_
	ral political committee.	С			L		,			100.0	)0
New	a of Freedown (for to the line)	0		_	M	omo	Item				
Retir	e of Employer (for Individual) ed		upation (for Individual) ired	D	onation		item				
Rece	pipt For: 2020		Year-to-Date ▼	-		-					
	Primary 🖌 General	Aggregate									
	Other (specify) ▼	L	2200.00								
	Name of Individual (Last, First, Middle In eights, James, , ,	iitial) or Full C	rganization Name		Date of	f Red	ceipt				
Maili	ng Address 110 Bent Oak Dr				<sup>M</sup> 11	/	D D D 01	/ Y	y 202	20 <sup>°</sup>	Y
City		State	Zip Code		Trans	acti	on ID :	SA11AI.9	632	2	
Sha	vano Park	TX	78231		Amount	t of I	Each R	eceipt this	s Pe	əriod	
	ID number of contributing ral political committee.	С					,	,		100.0	00
Nam	e of Employer (for Individual)	Occ	upation (for Individual)	_	М	emo	Item				
Reti	,	Reti			Onatior	۱					
Rece	Pipt For: 2020	Aggregate	Year-to-Date V								
	Primary 🗶 General										
	Other (specify)		2300.00								
SUBTO	<b>DTAL</b> of Receipts This Page (optional)					_	,	5		250.0	0

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

## SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	OM AND SECU	JRITY	
Full Name of Individual (Last, First, Mid A. Stedman, Eliza, , , Mailing Address 1600 W Loop South St		rganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.9619
Houston	TX	77027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Retired	moth	ner	Donation
Receipt For: 2020 Primary X General Other (specify) V	Aggregate	Year-to-Date ▼ 350.00	]
Full Name of Individual (Last, First, Mid	ddle Initial) or Full O	rganization Name	
B. Ton, James, , ,			Date of Receipt
Mailing Address 10405 Trenton Pl			10 21 Y Y Y Y Y 2020
City	State	Zip Code	Transaction ID : SA11AI.9705
Las Vegas	NV	89134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) REtired	Occu REti	upation (for Individual) ired	Memo Item Donation
Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Mic C. Ton, James, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 10405 Trenton PI			11 16 / Y Y Y Y Y 11 16
City	State	Zip Code	Transaction ID : SA11AI.9708
Las Vegas	NV	89134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) REtired	Occu REtii	ipation (for Individual) red	Donation
Receipt For: 2020 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
SUBTOTAL of Receipts This Page (optic	nal)	•	200.00

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

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# SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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			Detailed Summary Page		<b>1</b> 1a			11b 14	110		12 16	Г	17
Any infor or for co	mation copied from such Reports and mmercial purposes, other than using the	Statements may be name and ac	y not be sold or used by any p Idress of any political committe	person e to se	for th	e pi	urp ribi	ose o	f solici	ting c	ontribu	ution	าร
	E OF COMMITTEE (In Full) FENDERS OF FREEDOM	AND SECL	JRITY										
A. Ven	lame of Individual (Last, First, Middle In ner, Alice F, , , g Address 15163 Ponderosa Loop	nitial) or Full Or	ganization Name	Date of Receipt									]
La Pi	ne	OR	97739-8936										
FEC	ID number of contributing al political committee.	С			Ē		_	,	Receip			.00	
Name	of Employer (for Individual)	Occu	pation (for Individual)		ш.	Mer	mo	Item					
Retire		Retir	ed	[	Donat	on							
Recei	pt For: 2020 Primary 🗶 General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 250.00	1									
	lame of Individual (Last, First, Middle Ii e, John, , ,	nitial) or Full Or	ganization Name		Date	of F	Re	ceipt					
Mailin	g Address 15617 Holly Grove Rd				<sup>™</sup> 1(	)	/	D 25			y y 2020	Y	1
City		State	Zip Code		Tra	nsad	ctie	on ID :	: SA11	AI.93	18		
Silver	Spring MD	MD	20905		Amo	int d	of	Each I	Receip	t this	Period	ł	
	ID number of contributing al political committee.	С			Ē	_	_	,			50	.00	
Name IFC	e of Employer (for Individual)		pation (for Individual) er/Manager	[	Donati		no	Item					
Recei	pt For: 2020 Primary <b>x</b> General Other (specify) <b>▼</b>	Aggregate	/ear-to-Date ▼ , 400.00	]									
	lame of Individual (Last, First, Middle Ii <b>re, John, , ,</b>	nitial) or Full Or	ganization Name		Date	of F	Re	ceipt					
Mailin	g Address 15617 Holly Grove Rd				<sup>™</sup> 1(		/	D 28			y y 2020	Y	]
City Silve	r Spring MD	State MD	Zip Code 20905						: <b>SA11</b> Receip				
	ID number of contributing al political committee.	С			Ē			y .			100	.00	
Name IFC	of Employer (for Individual)		pation (for Individual) er/Manager	1	Donat		mo	Item					
Recei	pt For: 2020 Primary X General Other (specify)	Aggregate	/ear-to-Date ▼ 500.00	]									
SUBTO	TAL of Receipts This Page (optional)			▶	[			,			200.	.00	

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

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# SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDO	M AND SECI	JRITY	
Full Name of Individual (Last, First, Mide         A.       Ware, John, , ,         Mailing Address       15617 Holly Grove Rd	lle Initial) or Full Or	ganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.9320
Silver Spring MD	MD	20905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
IFC	Own	er/Manager	Donation
Receipt For: 2020 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name of Individual (Last, First, Mide B. Webb, Dorothy, , ,	lle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 13025 Sky Valley Rd			M M / D D / Y Y Y Y 11 12 2020
City	State	Zip Code	Transaction ID : SA11AI.9720
Los Angeles	CA	90049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Retired		ipation (for Individual) arian	Memo Item Donation
Receipt For: 2020 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00	
Full Name of Individual (Last, First, Mide C. Webb, Dorothy, , ,	lle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 13025 Sky Valley Rd			M M / D D / Y Y Y Y 11 19 2020
City	State	Zip Code	Transaction ID : SA11AI.9721
Los Angeles	CA	90049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Retired	Occu Libra	pation (for Individual) rian	Donation
Receipt For: 2020 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	]
SUBTOTAL of Receipts This Page (option	al)	•••••	2050.00

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

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# 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

			Detailed Summary Page	×	11a 13	$\vdash$	11b 14		11c 15		12 16	17
	ny information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM AN	D SECI	URITY									
Α.		) or Full O	rganization Name	[	Date of	_	· ·					
	Mailing Address 1972pulaskidr	State	Zin Code		10			26		202	20	Y
	City beaufort	State SC	Zip Code 29906	 A					SA11AI. eceipt th		riod	
	FEC ID number of contributing federal political committee.	С					-y	_			25.0	0
	Name of Employer (for Individual) Retired	Occu retire	upation (for Individual) ed	D	M onatior		o Iten	n				
	Receipt For:       2020         Primary       ✗         General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.00									
в.	Full Name of Individual (Last, First, Middle Initial)	) or Full O	rganization Name	[	Date of	f Re	eceipt	t				
	Mailing Address				M M	/	D	D	/ Y	Y	Y	Y
	City	State	Zip Code	 A	Amoun	t of	Each	ר ו Re	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					Ţ	_	- <u>-</u>	_	-10-	
	Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo	o Iten	n				
	Receipt For:	Aggregate	Year-to-Date V									
с.	Full Name of Individual (Last, First, Middle Initial)	) or Full O	rganization Name	[	Date of	f Re	eceipt	t				
	Mailing Address				M = M	/	D	D	/ Y	Y	Y	Y
	City	State	Zip Code	A	Amoun	t of	Each	ו ו Re	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					y			_		
	Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo	o Iten	n				
	Receipt For:     //       Primary     General       Other (specify)	Aggregate	Year-to-Date V									
s	UBTOTAL of Receipts This Page (optional)			 ļ	_		,	-	,	-	25.0	0
т	OTAL This Period (last page this line number onl	y)						_	-	100	090.0	0

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate for each categ	ory of the	FOR LINE N (check only 21b	
Any information copied from such Reports and State	Detailed Summ		28a by any perso	28b 28c 29 30b
or for commercial purposes, other than using the na	me and address of	of any political	committee to	solicit contributions from such committee.
		,		
> DEFENDERS OF FREEDOM ANI	) SECURITY	Y		
Full Name (Last, First, Middle Initial)				Date of Diskurgenerat
A. Paypal				Date of Disbursement
Mailing Address 1122 North First Street				10 15 2020
,		Code		FEC Identification Number
San Jose Purpose of Disbursement	CA 95	5131		
		1		
Candidate Name		L	Category/	Transaction ID : SB21B.8894 Amount of Each Disbursement this Period
			Туре	
Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General ▼		
State: District:		•		Memo Item
Full Name (Last, First, Middle Initial) 3. Paypal				Date of Disbursement
Mailing Address 1122 North First Street				M         M         /         D         D         /         Y
City San Jose		Code 5131		FEC Identification Number
Purpose of Disbursement Merchant Processing Fees		1		
Candidate Name		L	Category/ Type	Transaction ID : SB21B.9232 Amount of Each Disbursement this Period
	ment For:			328.61
President	Primary Other (specify)	General		
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address 1122 North First Street				M M / D D / Y Y Y Y 10 26 2020
	State -	Code		
City San Jose		Code 5131		FEC Identification Number
Purpose of Disbursement				С
Merchant Processing Fees		l	Category/	Transaction ID : SB21B.9853 Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:		Туре	394.61
Senate	Primary	General		
President	Other (specify)	▼		Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional).			······ ►	744.25
TOTAL This Period (last page this line number only	/)		<b></b>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	NE NUMBER: PAGE 33 OF 38 only one)					
		Summary Page	<b>X</b> 21b 28a	22         23         26         27           28b         28c         29         30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may i me and addi	not be sold or used ress of any political	by any perso committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM ANI	D SECUF	RITY							
Full Name (Last, First, Middle Initial) A. Paypal				Date of Disbursement					
Mailing Address 1122 North First Street	Mailing Address 1122 North First Street								
City San Jose	State CA	Zip Code 95131		FEC Identification Number					
Purpose of Disbursement Merchant Processign Fees				C Transaction ID : SB21B.9854					
Candidate Name Office Sought: House Disburse	ement For:		Category/ Type	Amount of Each Disbursement this Period 311.87					
Senate President	Primary Other (spec	General cify) ▼		Memo Item					
State: District: Full Name (Last, First, Middle Initial)									
B.				Date of Disbursement					
Mailing Address									
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement				C					
			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General							
State: District:		;;		Memo Item					
Full Name (Last, First, Middle Initial) C.				Date of Disbursement					
Mailing Address				M M / D D / Y Y Y Y Y					
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement		C							
Candidate Name Categor Type				Amount of Each Disbursement this Period					
Senate	ement For: Primary	General							
State: District:	Other (spec	сиу) 🔻		Memo Item					
SUBTOTAL of Disbursements This Page (optional).			····· ►	311.87					
TOTAL This Period (last page this line number only	()		····· •	1056.12					

	CHEDULE B (FEC Form 3X)		arata cabadula(a)	, FOR LINE NUMBER: PAGE				GE	34 C	)F 38				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(ch		only o 1b	one) 22 🗶 23 26 27							
		Detailed	Summary Page		28a 28b 28c 29					30b				
	y information copied from such Reports and State													
or	for commercial purposes, other than using the na	me and add	ress of any politica	al com	imitte	e to s	olicit co	ntrib	outions	s fro	om su	ch co	ommitte	ee.
$ \rangle$	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM ANI		RITY											
$\square$														
Full Name (Last, First, Middle Initial) A. CAMMAACK KAT Date of Disbursement														
Π.	CAMMACK, KAT, , ,													
	Mailing Address 6408 NW 124TH ST								10 26 2020					
	City	State	Zip Code			_				-				
	GAINESVILLE	FL	32653				FEC ld	lenti	ficatio	n N	umbe	r	_	
	Purpose of Disbursement Contribution				-		С	HOF	-L031	75				
	Candidate Name			Cata	gory/		<b>Tra</b> Amoun				: SB2			Pariod
	CAMMACK, KAT, , ,				pe		, anouli		Laon	513	.50130	CII		-
	Office Sought: X House Disburse	ement For: ; Primary					L		,	_	-9-		250.0	U
	President	Other (spe					N/-	ma	Item					
	State: FL District: 03	L					IN IVIE	0	neill					
R	Full Name (Last, First, Middle Initial)						Data of Disburgement							
٦.	ERNST, JONI K, , ,							Date of Disbursement						
	Mailing Address 910 N 6TH ST									020				
	City State Zip Code													
	RED OAK	IA	51566				FEC Identification Number							
	Purpose of Disbursement Contribution						C S4IA00129							
	Candidate Name			Cate	aory/		Transaction ID : SB23.9858 Amount of Each Disbursement this Period							
	ERNST, JONI K, , ,			Category/ Type			ouri		Laon	213				-
	Office Sought:     House     Disburse       x     Senate	ement For: Primary	2020 X General				500.00					U		
	President	Other (spe	· · ·				N/-	ma	Item					
	State: IA District: 00	-					IN IVIE	0	neill					
С	Full Name (Last, First, Middle Initial)						Date of Disbursement							
0.	HIGGINS, CLAY CAPTAIN, , ,													
	Mailing Address PO BOX 61747						10			28	L		020	
	City	State	Zip Code				FEC Id	lont	ficatio	n N	umbe	r		
	LAFAYETTE	LA	70596							-	eanno		-	
	Purpose of Disbursement Contribution			<b>—</b>		1	C		LA031	-	0.5.5	0.05		
	Candidate Name Category/						Transaction ID : SB23.9856 Amount of Each Disbursement this Period					Period		
	HIGGINS, CLAY CAPIAIN, , , Type												1000 0	0
	Office Sought:     Image: Weight and the second secon						1000.00					Č –		
	President	-	Other (specify)					Memo Item						
_	State: LA District: 03													
s	UBTOTAL of Disbursements This Page (optional).				•	•							1750.0	00
⊢					,	_		÷	- <b>7</b> -	-		÷	1 1	
т	OTAL This Period (last page this line number only	/)				•								

	CHEDULE B (FEC Form 3X)	Use sens	arate schedule(s)	FOR LINE					
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b	one) 22 <b>X</b> 23 26 27				
		Detailed	Summary Page	28a	28b 28c 29 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nar								
	NAME OF COMMITTEE (In Full)		ess of any politica	li committee to	solicit contributions from such committee.				
$ \rangle$	DEFENDERS OF FREEDOM AND	) SECUF	RITY						
Ľ	Full Name (Last, First, Middle Initial)								
Α.	MAST, BRIAN, , ,	Date of Disbursement							
	Mailing Address PO BOX 3016				10 / 27 / Y Y Y Y 2020				
	City STUART	State FL	Zip Code 34995		FEC Identification Number				
	Purpose of Disbursement				C H6FL18097				
	Candidate Name				Transaction ID : SB23.9862				
	MAST, BRIAN, , ,			Category/ Type	Amount of Each Disbursement this Period				
		ment For: 2 Primary	2020 X General		250.00				
	State: FL District: 18	Other (spec			Memo Item				
_	Full Name (Last, First, Middle Initial)								
Β.	WALTZ, MICHAEL, , ,				Date of Disbursement				
		<b></b>							
	Mailing Address 1235 PROVIDENCE BLVD. STE I PMB 502		1		11 09 2020				
	City DELTONA	State FL	Zip Code 32725		FEC Identification Number				
	Purpose of Disbursement Contribution				C H8FL06148				
	Candidate Name				Transaction ID : SB23.9863				
	WALTZ, MICHAEL, , ,			Category/ Type	Amount of Each Disbursement this Period				
			2020		250.00				
	Senate President	Primary Other (spec	∠ General						
	State: FL District: 06				Memo Item				
C.	Full Name (Last, First, Middle Initial) ZELDIN, LEE MICHAEL, , ,				Date of Disbursement				
					M M / D D / Y Y Y Y				
	Mailing Address 58 SAINT GEORGE DRIVE WEST	Γ			10 26 2020				
	City SHIRLEY	State NY	Zip Code 11967		FEC Identification Number				
	Purpose of Disbursement Contribution		·		С Н8NY01148				
	Candidate Name			Cotogory/	Transaction ID : SB23.9859				
	ZELDIN, LEE MICHAEL, , ,	N, LEE MICHAEL, , , T ght: X House Disbursement For: 2020		Category/ Type	Amount of Each Disbursement this Period				
	President				Memo Item				
_	State: NY District: 01								
s	UBTOTAL of Disbursements This Page (optional)			····· ►	1000.00				
Т	OTAL This Period (last page this line number only	)			2750.00				
1				•					

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

NAME OF COMMITTEE (in Full)       FLOK Class (in Control Annual Security)         DEFENDERS OF FREEDOM AND SECURITY       FCC Consumer Control (in Consumer Control (	ITE	MIZED INDEPENDENT EXPENDITURES					PAGE 36 OF FOR LINE 24 OF F	38			
DEFENDERS OF FREEDOM AND SECURITY       C codstabed         Check if24-hour report       New report       Amends report filed on ***********************************	NA	ME OF COMMITTEE (In Full)				EEC II					
Check ifAhour report			ECURITY								
Check III       24-hour report       New report       Amends report field on         Full Name of Payse       Image vale       Image vale       Date of Public Distribution/Dissemination         Mailing Address       g208 Foxline Dr       Amount       Image vale       2100.00         Oragevale       CA       95662       Date of Public Distribution/Dissemination         Purpose of Expenditure       Category/ Type       Image vale       Other Section ID : 55.956 Date of Distribution/Dissemination         Amount       Image vale       CA       95662       Date of Public Distribution/Dissemination         Purpose of Expenditure       Category/ Type       Image vale       Image vale       Image vale         Calendar Year-To-Date       President Section to Otice Sought       Image vale       Image vale       Image vale         Mailing Address       g208 Foxline Dr       Image vale       Image vale       Image vale       Image vale         Mailing Address       g208 Foxline Dr       Image vale       Image vale       Image vale       Image vale         Mailing Address       g208 Foxline Dr       Image vale       Image vale       Image vale       Image vale         Mailing Address       g208 Foxline Dr       Image vale       Image vale       Image vale       Image vale						C	C00536664				
Moundsprings Strategies       Amount         City       Category/ Transaction ID : SE:3846 Date of Disbursement or Obligation         City       Category/ Type         City       Category/ Type         Full Name of Pager       Other (specify)         Mailing Address agos Foxfire Dr       State         City       Category/ Type         City       Category/ Content Creation         City       Category/ Content Creation         City       Category/ Content Creation         Category/ Purpose of Expanditure       Category/ Category/ Content Creation         City       Category/ Content Creation         Mailing Address agos Foxfire Dr       Memo Item         Mailing Address agos Foxfire Dr       Category/ Type         Name of Fagenditure       Category/ Category/ Type         Cale of Address agos Foxfire Dr       Category/ Type         Mailing Address agos Foxfire Dr       Category/ Type         Mastr. BRIAN, .,       Oppose         Calendar Year-To-Date President Senate State: FL         Disbursement For:       Primary X General 202	Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M /	D D / Y Y	ΥΥ			
Mailing Address       8208 Foxline Dr         Oily       State       Zip Code         Orangevale       CA       99562         Purpose of Expenditure       Categony/       To an other of Obligation         ZELDIN, LEE MICHAEL,       Oppose       President       Seate         Calendar Year-To-Date       President       Seate       State:       N         Purpose of Expenditure       Calendar Year-To-Date       President       Seate       State:       N         Full Name of Payse       Mailing Address       8208 Foxfire Dr       Amount		Full Name of Payee Moundsprings Strategies		Memo	Item C	Date of Publi					
City       State       Zip Code       95662         Purpose of Expenditure Content Creation       CA       95662       Tansaction ID : SE.946         Name of Federal Candidate:       Image: State       Office Sought       2020         ZELDN, LEE MCHAEL,       Oppose       President       Senate       State:       N         Category/ Content Creation       Office Sought       Image: State:       N       N         Category       City       State       Oppose       President       Senate       State:       N         Category       City       State       2100.00       President       Senate       State:       N         Category       Category       Category       Category       Category       Name of Federal Candidate:       N       Nount         City       State       Zip Code       State       Stat						M	/ D D / Y Y	YY			
Orangevale       CA       95662       Transaction ID: SE:0946         Purpose of Expenditure       Category/ Type       10       26       2020         Name of Federal Candidate:       X support       Office Sought       House District: 01         ZELDIN, LEE MICHAEL, .,       Oppose       Office Sought       House District: 01         Calendar Year-To-Date Per Election for Office Sought       2100.00       2020       office (specify)         Full Name of Payse Moundsprings Strategies       Merrol tem       Date of Public Distribution/Dissemination         Mailing Address 8208 Foxfire Dr       CA       95662       Transaction ID: SE:0946         Orangevale       CA       95662       Date of Public Distribution/Dissemination         Mailing Address 8208 Foxfire Dr       Amount       Amount         City Orangevale       CA       95662       Date of Disbursement or Obligation         Purpose of Expenditure Content Creation       Category/ 10       26       2020         Name of Federal Candidate:       X support       10       26       2020         Name of Federal Candidate:       X support       10       26       2020         Name of Federal Candidate:       X support       10       26       2020         Name of Federal Candidate:		Mailing Address 8208 Foxfire Dr			A	Amount					
Durges of Expenditure       Category/ Type       Date of Disbursement or Obligation         Purpose of Expenditure Content Creation       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       X Support       Office Sought:       X House District:       01         ZELDIN, LEE MICHAEL,       Oppose       Disbursement For:       President       Senate       State:       NY         Calendar Year-To-Date Per Election for Office Sought       2100.00       Disbursement For:       Primary       X General 2020         Full Name of Payee       Malling Address 8208 Foxfire Dr       Memo Item       Date of Public Distribution/Dissemination         Malling Address 8208 Foxfire Dr       Category/ Content Creation       Transaction ID: SE.9848 Date of Disbursement or Obligation         Purpose of Expenditure Content Creation       Category/ Type       Transaction ID: SE.9848 Date of Disbursement or Obligation         MAST, BRIAN,       Oppose       Office Sought       House District:       18         MAST, BRIAN,       Oppose       Disbursement For:       Primary X General 2020       Other (specify) ▶         (a) SUBTOTAL of Itemized Independent Expenditures        S550.00       S550.00       10       2550.00         (b) SUBTOTAL of Itemized Independent Expenditures        S550.00		City	State	Zip Code			21	00.00			
Purpose of Expenditure Content Creation       Category/ Type       10       26       2020         Name of Federal Candidate:       X Support       Office Sought:       X House District:       01         ZeLDIN, LEE MICHAEL,       Oppose       President:       Sanate       State:       NY         Category/ Per Election for Office Sought       2100.00       Disbursement For:       Primary       X General 2020         Mailing Address g208 Foxfire Dr       Memo Item       Date of Public Distribution/Dissemination         Mailing Address g208 Foxfire Dr       Category/ Type       Transaction ID : SE.9948         Date of Disbursement or Obligation       10       26       2020         Name of Federal Candidate:       X Support       Office Sought:       X House       District:       18         MAST, BRIAN,       Oppose       President       Sanate       State:       FL         Other (specify) >       Disbursement For:       Primary       X Category/       2020       2020         Name of Federal Candidate:       X Support       Office Sought:       X House       District:       18         MAST, BRIAN,       Oppose       President       Sanate       State:       FL         Other (specify) >       Disbursement For:       Pri		Orangevale	CA	95662				n			
ZELDIN, LEE MICHAEL,       Oppose       Oppose       Oppose         Calendar Vear-To-Date Per Election for Office Sought       2100.00       Disbursement For:       Primary       © General 2020         Full Name of Payee Moundsprings Strategies       Memo Item       Date of Public Distribution/Dissemination         Mailing Address 8208 Foxfire Dr       Amount       Impose of Expenditure Content Creation       Impose Creation Creation       Impose of Expenditure			1			M M	/ D D / Y Y	Y Y			
ZELDIN, LEE MICHAEL, .,       Oppose       President       Senate       State:       NY         Calendar Year-To-Date       Disbursement For:       Primary       Ceneral         Per Election for Office Sought       2100.00       Other (specify) >         Full Name of Payee       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       8208 Foxfire Dr       Amount         City       State       Zip Code         Orangevale       CA       95662         Purpose of Expenditure       Category/         Content Creation       Category/         Name of Federal Candidate:       Support         MAST, BRIAN, .,       Oppose         Calendar Year-To-Date       President         Per Election for Office Sought       1450.00         Oppose       Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures          (b) SUBTOTAL of Unitemized Independent Expenditures          (c) TOTAL Independent Expenditures          (d) Total of periperity 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 or its agent.		Name of Federal Candidate:		X Support	Office S	Souaht:	X House District:	01			
Per Election for Office Sought       2100.00       2020       Other (specify) ▶         Full Name of Payee       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       8208 Foxfire Dr       Amount         City       State       Zip Code         Orrangevale       CA       95662         Purpose of Expenditure       Category/         Content Creation       Category/         Name of Federal Candidate:       Image Support         MAST, BRIAN,       Oppose         Calendar Year-To-Date       President         Per Election for Office Sought       1450.00         (a) SUBTOTAL of Itemized Independent Expenditures       Image Size (c) Total Independent Expenditures         (c) TOTAL Independent Expenditures       Image of eleverity and the independent expenditures or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.		ZELDIN, LEE MICHAEL, , ,						NIX			
Full Name of Payee       Image: Construction of the particular party committee or the particular of the particular p				2100.00				General			
Moundsprings Strategies         Mailing Address         8208 Foxfire Dr         City       State         Orangevale       CA         Purpose of Expenditure         Content Creation         MAST, BRIAN, .,         Calendar Year-To-Date         Per Election for Office Sought         Mastrian Content Creation         MAST, BRIAN, .,         Calendar Year-To-Date         Per Election for Office Sought         Mathematical Independent Expenditures         (c) TOTAL of Itemized Independent Expenditures         (c) TOTAL Independent Expenditures         Under penalty of perjury 1 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 or its agent.         Itemaday, Alexander, .,       [Electronically Filed]		Full Name of Pavee	Full Name of Pavee					ination			
B206 F0XIIIE DI       Amount         City       State       Zip Code         Orangevale       CA       95662         Purpose of Expenditure       Category/       Tansaction ID : SE.9848         Date of Disbursement of Obligation       1450.00         Name of Federal Candidate:       X Support         MAST, BRIAN, . ,       Oppose         Calendar Year-To-Date       President         Per Election for Office Sought       1450.00         Obstramment For:       Primary X General 2020         Other (specify) >						M M / D D / Y Y Y Y					
Amount       Amount         City       Orangevale       CA       95662         Purpose of Expenditure Content Creation       Category/ Type       Transaction ID: SE.9848 Date of Disbursement or Obligation         Name of Federal Candidate:       Category/ Type       Mastr. Bulker       President       Support         Name of Federal Candidate:       Oppose       Office Sought:       House       District:       18         MAST, BRIAN, .,       Oppose       Oppose       Orfice Sought:       President       Senate       State:       FL         Calendar Year-To-Date Per Election for Office Sought       1450.00       Disbursement For:       Primary       Ceneral 2020       Other (specify) ▶         (a) SUBTOTAL of Itemized Independent Expenditures        3550.00         3550.00         (b) SUBTOTAL of Unitemized Independent Expenditures         3550.00              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 or its agent.         Hornaday, Alexander, .,       [Electronically Filed]       Date       12       02       2020		Mailing Address									
Orangevale CA 95662   Purpose of Expenditure Categony/ Type     Content Creation     Name of Federal Candidate:   MAST, BRIAN, , ,     Calendar Year-To-Date   Per Election for Office Sought     1450.00           (a) SUBTOTAL of Itemized Independent Expenditures     (c) TOTAL Independent Expenditures        Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.					A	mount					
Purpose of Expenditure Content Creation       Date of Disbursement or Obligation         Mame of Federal Candidate:       Category/ Type       Date of Disbursement or Obligation         MAST, BRIAN, , ,       Oppose       Office Sought:       House District: 18 President Senate State: FL         Calendar Year-To-Date Per Election for Office Sought       1450.00       Disbursement For: Primary       R General 2020         (a) SUBTOTAL of Itemized Independent Expenditures        3550.00         (b) SUBTOTAL of Unitemized Independent Expenditures           Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		City	State	Zip Code			14	50.00			
Purpose of Expenditure Content Creation       Category/ Type       10       26       2020         Name of Federal Candidate:       X Support       Office Sought:       House District:       18         MAST, BRIAN, , ,       Oppose       President       Senate       State:       FL         Calendar Year-To-Date Per Election for Office Sought       1450.00       Disbursement For:       Primary       X General 2020         (a) SUBTOTAL of Itemized Independent Expenditures        3550.00         (b) SUBTOTAL of Unitemized Independent Expenditures        3550.00         (c) TOTAL Independent Expenditures            Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         Hormaday, Alexander, , ,       [Electronically Filed]       Date       12       02       2020		-	CA	95662				n			
MAST, BRIAN, , ,     MAST, BRIAN, , ,     Oppose         Oppose        Calendar Year-To-Date   Per Election for Office Sought     1450.00        Disbursement For:   Primary   Calendar Year-To-Date   Per Election for Office Sought     1450.00        Oppose               (a) SUBTOTAL of Itemized Independent Expenditures         (b) SUBTOTAL of Unitemized Independent Expenditures      (c) TOTAL Independent Expenditures <b>Option: Subtract: Calendar Year-To-Date Disbursement For: President State: President State: Disbursement For: Other (specify) Subtract: Subtract: Subtract: Subtract: Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Disbursement For: Other (specify) Other (specify) Other (specify) Other (specify) O</b>						M M	/ D D / Y Y	Y Y			
MAST, BRIAN, , ,       Oppose       President       Senate       State: FL         Calendar Year-To-Date       Disbursement For:       Primary       Y General         Per Election for Office Sought       1450.00       Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures       >       3550.00         (b) SUBTOTAL of Unitemized Independent Expenditures       >       3550.00         (c) TOTAL Independent Expenditures       >       >         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         Hormaday, Alexander, , ,       [Electronically Filed]       Date       12       02       1       2020		Name of Federal Candidate:		X Support	Office S	Sought:	X House District:	18			
Per Election for Office Sought       1450.00       2020       Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures       >       3550.00         (b) SUBTOTAL of Unitemized Independent Expenditures       >		MAST, BRIAN, , ,			P	resident	Senate State:	FL			
(a) SUBTOTAL of Itemized Independent Expenditures       >       3550.00         (b) SUBTOTAL of Unitemized Independent Expenditures       >       -         (c) TOTAL Independent Expenditures       >       -         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.         Hornaday, Alexander,       [Electronically Filed]       Date				1450.00		ement For:	Primary X	General			
(b) SUBTOTAL of Unitemized Independent Expenditures.         (c) TOTAL Independent Expenditures         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         Hornaday, Alexander, , ,       [Electronically Filed]         Date       12         12       02		Per Election for Office Sought	7	1400.00	2020	Other (sp	pecify) ►				
(c) TOTAL Independent Expenditures         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         Hornaday, Alexander, , ,       [Electronically Filed]         Date       12         12       2020		(a) SUBTOTAL of Itemized Independent Expenditures 33550.00									
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. <i>Hornaday, Alexander, . , [Electronically Filed]</i> Date		(b) SUBTOTAL of Unitemized Independent Expenditu	res		•						
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. <i>Hornaday, Alexander, . , [Electronically Filed]</i> Date											
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.         Hornaday, Alexander, , ,       [Electronically Filed]         Date       12         12       02						7		- <u></u>			
[Electronically Filed] Date 12 02 2020		with, or at the request or suggestion of, any candidate	ate or authorized								
		Hornaday, Alexander, , ,	[Electronically Fil	ed]	M M						
		Signature									

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

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 37 OF 38			
NAME OF COMMITTEE (In Full)				EEC I	FOR LINE 24 OF FORM 3			
DEFENDERS OF FREEDOM AND SE	ECURITY							
				С	C00536664	4		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M				
Full Name of Payee		Memo	Item Da	ate of Publ	ic Distribution/Dissemination			
Moundsprings Strategies				M M				
Mailing Address 8208 Foxfire Dr						_		
			Ar	nount		_		
City	State	Zip Code			1390.00			
Orangevale	CA	95662			ID : SE.9850 ursement or Obligation			
Purpose of Expenditure Digital Distribution		Category/ Type			/ D D / Y Y Y 26 2020	ſ		
Name of Federal Candidate:			0#100.00		V Llougo Districtu 18	_		
MAST, BRIAN, , ,		X Support	Office So	-		—		
		Oppose		esident				
Calendar Year-To-Date Per Election for Office Sought	7 7 7	2840.00	2020	ment For:	Primary X Genera	ai		
Full Name of Payee		Memo	Item Da	Date of Public Distribution/Dissemination				
Moundsprings Strategies			M M					
Mailing Address 8208 Foxfire Dr	Mailing Address 8208 Foxfire Dr							
			Ar	nount		_		
City	State	Zip Code			4770.00			
Orangevale	CA	95662			<b>ID : SE.9851</b> ursement or Obligation			
Purpose of Expenditure		Category/		M M		Y		
List rental and email marketing		Туре		10	26 2020	_		
Name of Federal Candidate:		X Support	Office So	ought:	X House District: 01			
ZELDIN, LEE MICHAEL, , ,		Oppose	Pre	esident	Senate State: <u>NY</u>			
Calendar Year-To-Date			Disburse	ment For:	Primary X Genera	al		
Per Election for Office Sought	7	6870.00	2020	Other (s	pecify)			
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditur	es							
						1		
(c) TOTAL Independent Expenditures						4		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized							
Hornaday, Alexander, , ,	Electronically Fil	od]	M M	/				
Signature	Lacisonically Pu	Date	9 12	02	2020			

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

ITEMIZED INDEPENDENT EXPENDITURES	5				PAGE 38 OF 38 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER			
DEFENDERS OF FREEDOM AND S	ECURITY							
				C	C00536664			
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M /	D D / Y Y Y Y Y			
Full Name of Payee		🗌 Memo	Item Da	te of Publi	c Distribution/Dissemination			
Moundsprings Strategies				M M	/ D D / Y Y Y Y			
Mailing Address 8208 Foxfire Dr			Am	iount				
City	State	Zip Code	— I Г		3475.00			
Orangevale	CA	95662	Tra	ansaction	ID : SE.9852			
Purpose of Expenditure					ursement or Obligation			
List Rental and Email Marketing		Category/ Type		<sup>M</sup> 10	/ D D / Y Y Y Y 26 / 2020			
Name of Federal Candidate:		X Support	Office So	ught:	¥ House District: <u>18</u>			
MAST, BRIAN, , ,		Oppose	Pre	sident	Senate State: FL			
Calendar Year-To-Date		2015 22	Disbursen	nent For:	Primary X General			
Per Election for Office Sought	7 7	6315.00	2020	Other (s	pecify) ►			
Full Name of Payee		Memo	Item Da	te of Publi	c Distribution/Dissemination			
				M M	/ D D / Y Y Y Y			
Mailing Address								
			Am	iount				
City	State	Zip Code						
			Da	to of Dich	ursement or Obligation			
Purpose of Expenditure		Category/						
		Type		L				
Name of Federal Candidate:		Support	Office So	ught:	House District:			
		Oppose	Pre	sident	Senate State:			
Calendar Year-To-Date			Disbursen	nent For:	Primary General			
Per Election for Office Sought	7 7			Other (s	pecify)			
(a) SUBTOTAL of Itemized Independent Expenditure:					3475.00			
(b) SUBTOTAL of Unitemized Independent Expenditu	(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures					40405.00			
					13185.00			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized							
	[Electronically Fil	led] Date	e 12	/ 02	/ 2020			
Signature								