

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Defenders of Freedom and Security

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

2. FEC IDENTIFICATION NUMBER C C00536664 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2016 through 06 30 2016

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

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer [Electronically Filed] Date 07 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Defenders of Freedom and Security**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="5587.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9499.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9584.29"/>	<input type="text" value="58066.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19083.50"/>	<input type="text" value="63654.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11910.76"/>	<input type="text" value="56481.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7172.74"/>	<input type="text" value="7172.74"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Defenders of Freedom and Security**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4085.00	16080.00
(ii) Unitemized .....	5499.29	41986.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9584.29	58066.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9584.29	58066.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9584.29	58066.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9584.29	58066.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8660.76	47431.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8660.76	47431.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	940.00
24. Independent Expenditures (use Schedule E) .....	3000.00	8000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	110.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	110.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11910.76	56481.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11910.76	56481.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9584.29	58066.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9584.29	57956.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8660.76	47431.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8660.76	47431.37

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

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

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

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

Mailing Address 16051 COLLINS AVE  
APT 3502

City SUNNY ISLES BEACH State FL Zip Code 33160-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2016

**Transaction ID : SA11A.338853**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PATTI PAPPAS**

Mailing Address 2937 7TH AVE S

City BIRMINGHAM State AL Zip Code 35233-

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

Name of Employer PAPPAS EAR CLINIC Occupation OFFICE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2016

**Transaction ID : SA11A.338840**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 16051 COLLINS AVE  
APT 3502

City SUNNY ISLES BEACH State FL Zip Code 33160-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2016

**Transaction ID : SA11A.338797**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 16051 COLLINS AVE  
APT 3502

City SUNNY ISLES BEACH State FL Zip Code 33160-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
06 / 14 / 2016  
**Transaction ID : SA11A.338819**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MICHIO TAKAHASHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 JOSHUA CT  
656 JOSHUA COURT

City WALNUT CREEK State CA Zip Code 94598-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
06 / 14 / 2016  
**Transaction ID : SA11A.338839**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2416 N ATLANTIC BLVD

City FORT LAUDERDALE State FL Zip Code 33305-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
06 / 27 / 2016  
**Transaction ID : SA11A.338778**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2635.00

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

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

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

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

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

Mailing Address 373 PINE LN  
373 PINE LANE

City LOS ALTOS State CA Zip Code 94022-1648

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 27 / 2016  
**Transaction ID : SA11A.338736**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. MARJORIE LINDEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 373 PINE LN  
373 PINE LANE

City LOS ALTOS State CA Zip Code 94022-1648

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 27 / 2016  
**Transaction ID : SA11A.338737**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 24 DOCKSIDE LANE 39

City KEY LARGO State FL Zip Code 33037-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 27 / 2016  
**Transaction ID : SA11A.338780**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2937 7TH AVE S

City BIRMINGHAM State AL Zip Code 35233-

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

Name of Employer PAPPAS EAR CLINIC Occupation OFFICE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2016

**Transaction ID : SA11A.338763**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**B. MICHAEL BOWLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 2420 LYNNDAL RD

City FERNANDINA BEACH State FL Zip Code 32034-

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

Name of Employer MIKE BOWLING ENTERPRISES Occupation TOY LICENSING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11A.338681**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4085.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : **SB21B.I85983**

Amount of Each Disbursement this Period

20.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

Transaction ID : **SB21B.I85980**

Amount of Each Disbursement this Period

70.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. MOUNDSPRINGS STRATEGIES, INC**

Mailing Address 2423 C STREET #11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
VIDEO EDITING AND PAC CONSULTING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I85962**

Amount of Each Disbursement this Period

6056.00

Memo Item

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

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

6147.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. FACEBOOK, INC.**

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1452

Purpose of Disbursement  
DIGITAL ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SB21B.I85965

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FACEBOOK, INC.**

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1452

Purpose of Disbursement  
DIGITAL ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SB21B.I85966

Amount of Each Disbursement this Period

0.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAGI STRATEGIES**

Mailing Address 424 E 10TH ST  
APT 3D

City NEW YORK State NY Zip Code 10009-4288

Purpose of Disbursement  
LIST RENTAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : SB21B.I85964

Amount of Each Disbursement this Period

1153.00

Memo Item

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

1653.17

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST STREET

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : SB21B.I85978

Amount of Each Disbursement this Period

189.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION ST  
SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314-3356

Purpose of Disbursement  
LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I85959

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION ST  
SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314-3356

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I85960

Amount of Each Disbursement this Period

125.00

Memo Item

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

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

814.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I85961

Amount of Each Disbursement this Period

125.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I85975

Amount of Each Disbursement this Period

46.38

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

46.38

8660.76

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

## A. BRIAN MAST FOR CONGRESS

Mailing Address 2600 S DOUGLAS RD  
STE 900

City CORAL GABLES State FL Zip Code 33134-6149

Purpose of Disbursement  
PRIMARY ELECTION CONTRIBUTION

Candidate Name  
**BRIAN MAST**

Office Sought:  House  
 Senate  
 President  
State: FL District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SB23.I85963

Amount of Each Disbursement this Period

250.00
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Memo Item

Full Name (Last, First, Middle Initial)

## B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

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Memo Item

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

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Memo Item

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

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

250.00
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250.00
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Defenders of Freedom and Security</b>		FEC IDENTIFICATION NUMBER <b>C C00536664</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FACEBOOK, INC.</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 04 / 2016</b>
Mailing Address 1 HACKER WAY		Amount <b>500.00</b>
City MENLO PARK	State CA	Zip Code 94025-1452
Purpose of Expenditure DIGITAL ADVERTISING	Category/Type	Transaction ID : <b>SE24.84757</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2016</b>
Name of Federal Candidate KAMALA D HARRIS	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>3000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>MOUNDSPRINGS STRATEGIES, INC</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 04 / 2016</b>
Mailing Address 2423 C STREET #11		Amount <b>2500.00</b>
City SACRAMENTO	State CA	Zip Code 95816
Purpose of Expenditure VIDEO PRODUCTION	Category/Type	Transaction ID : <b>SE24.84758</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 06 / 2016</b>
Name of Federal Candidate KAMALA D HARRIS	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>3000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>3000.00</b>

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.

DAN BACKER [Electronically Filed] Date **06 / 03 / 2016**

Signature