

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2015 through  /  /  2015

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

Signature of Treasurer *Hornaday, Alexander, , ,* [Electronically Filed] Date  /  /  2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Defenders of Freedom and Security**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="8188.79"/>	<input type="text" value="8188.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2495.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="45824.66"/>	<input type="text" value="59048.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="48319.71"/>	<input type="text" value="67237.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42872.82"/>	<input type="text" value="61790.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5446.89"/>	<input type="text" value="5446.89"/>
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

Write or Type Committee Name

Defenders of Freedom and Security

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2015 To: MM / DD / YYYY 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15475.00	16825.00
(ii) Unitemized .....	30349.66	42223.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45824.66	59048.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45824.66	59048.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	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)).....▶	45824.66	59048.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45824.66	59048.42

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	36782.82	55115.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36782.82	55115.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	435.00	920.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5655.00	5755.00
(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)).....	5655.00	5755.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42872.82	61790.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42872.82	61790.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45824.66	59048.42
34. Total Contribution Refunds (from Line 28(d)) .....	5655.00	5755.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40169.66	53293.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	36782.82	55115.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36782.82	55115.32

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

Form/Schedule: F3XA

Transaction ID :

This report amended following internal audit to remove two duplicate contribution records, and to correct merchant processing fees disbursement amounts.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 32  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Defenders of Freedom and Security**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALONZO, RUDOLF, , ,

Mailing Address 86 LUQUER RD

City MAMHASSET	State NY	Zip Code 11030-1016
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

**Transaction ID : SA11A.107390**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALONZO, RUDOLF, , ,

Mailing Address 86 LUQUER RD

City MAMHASSET	State NY	Zip Code 11030-1016
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2015

**Transaction ID : SA11A.107572**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALONZO, RUDOLF, , ,

Mailing Address 86 LUQUER RD

City MAMHASSET	State NY	Zip Code 11030-1016
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2015

**Transaction ID : SA11A.107573**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<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 8 OF 32
	<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. ASTROP, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 BLACKLAND ROAD  
 City ATLANTA State GA Zip Code 30342-4001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) NONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 16 / 2015**  
**Transaction ID : SA11A.107581**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. BOWERS, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 8090  
 City RUIDOSO State NM Zip Code 88355-8090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **08 / 16 / 2015**  
**Transaction ID : SA11A.106993**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. BOWERS, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 8090  
 City RUIDOSO State NM Zip Code 88355-8090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **10 / 08 / 2015**  
**Transaction ID : SA11A.107330**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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 9 OF 32
	<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. BOWERS, GUY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

**Transaction ID : SA11A.107331**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**B. BOWERS, GUY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11		07		2015

**Transaction ID : SA11A.107528**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

**C. BROOKS, HENRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 BAYMONT WAY

City THE WOODLANDS	State TX	Zip Code 77382-1328
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) NONE
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12		16		2015

**Transaction ID : SA11A.107733**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<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 10 OF 32
	<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. BURTON, BOB G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43925 BALMUIR AVE  
 City LANCASTER State CA Zip Code 93535-4416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 08 / 2015**  
**Transaction ID : SA11A.107697**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. CRESSWELL, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 DOCKSIDE LANE #187  
 City KEY LARGO State FL Zip Code 33037-5267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 29 / 2015**  
**Transaction ID : SA11A.107457**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. DILL, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 WEST CENTER ST  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **07 / 01 / 2015**  
**Transaction ID : SA11A.106887**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 32
	(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"/> 15
	<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. DILL, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 WEST CENTER ST  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2015  
**Transaction ID : SA11A.107252**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. DILL, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 WEST CENTER ST  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11A.107347**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. DILL, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 WEST CENTER ST  
 City CINCINNATI State OH Zip Code 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11A.107373**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 12 OF 32  
(check only one)

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

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

**A. DILL, JOYCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3725 WEST CENTER ST

City CINCINNATI	State OH	Zip Code 45227-4446
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

**Transaction ID : SA11A.107571**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. DILL, JOYCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3725 WEST CENTER ST

City CINCINNATI	State OH	Zip Code 45227-4446
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

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

**Transaction ID : SA11A.107821**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. DORRANCE, ROY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 SCHENLEY ROAD

City PITTSBURGH	State PA	Zip Code 15217-1170
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : SA11A.107425**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 13 OF 32
	<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. ELWARDT, DR. HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 PRINCETON CIRCLE  
 City NAPERVILLE State IL Zip Code 60565-6781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2015  
**Transaction ID : SA11A.107290**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. FOLSOM, ROGER NILS, NILS, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 SEAFOAM AVENUE RESIDENCE OFFICE  
 City MONTEREY State CA Zip Code 93940-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) NONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : SA11A.107080**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. GINDELBERGER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1607 PINE TOP TRACE  
 City MISHAWAKA State IN Zip Code 46545-4050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTH BEND CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11A.107387**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 14 OF 32
	(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"/> 15
	<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. GOLDBACH, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1554 CHERRY GROVE ROAD NORTH  
 City SUFFOLK State VA Zip Code 23432-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2015  
**Transaction ID : SA11A.107139**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. HAWKINS, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 96 N. 3RD. ST. #300  
 City SAN JOSE State CA Zip Code 95112-7706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER/MEDIATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : SA11A.107029**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. JACOBY JR., NEIL, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1434 MIDVALE AVENUE HOUSE  
 City LOS ANGELES State CA Zip Code 90024-5406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) MANAGER, SCIRNTIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2015  
**Transaction ID : SA11A.106990**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 15 OF 32
	(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"/> 15
	<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. LAWRENCE, JOHN L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 SLOOP ST.  
 City CHARLESTON State SC Zip Code 29412-8945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2015  
**Transaction ID : SA11A.107474**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MCINNIS, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 W. LYKES AVE.  
 City TAMPA State FL Zip Code 33609-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2015  
**Transaction ID : SA11A.107137**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MCINNIS, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 W. LYKES AVE.  
 City TAMPA State FL Zip Code 33609-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2015  
**Transaction ID : SA11A.107261**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 16 OF 32
	<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. MCINNIS, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 W. LYKES AVE.  
 City TAMPA State FL Zip Code 33609-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11A.107315**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MCINNIS, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 W. LYKES AVE.  
 City TAMPA State FL Zip Code 33609-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11A.107426**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MCINNIS, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 W. LYKES AVE.  
 City TAMPA State FL Zip Code 33609-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11A.107435**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 17 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MCINNIS, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 W. LYKES AVE.  
 City TAMPA State FL Zip Code 33609-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 03 / 2015  
**Transaction ID : SA11A.107667**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MOORE, KEN AND DEANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 52270  
 City MIDLAND State TX Zip Code 79710-2270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INDEPENDENT Occupation (for Individual) LANDMAN AMD FNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 02 / 2015  
**Transaction ID : SA11A.107666**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MOORE, KEN AND DEANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 52270  
 City MIDLAND State TX Zip Code 79710-2270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INDEPENDENT Occupation (for Individual) LANDMAN AMD FNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 08 / 2015  
**Transaction ID : SA11A.107698**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NAVORI, EMERY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 S PALOMA PL  
 City TAMPA State FL Zip Code 33609-3712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEAM HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2015  
**Transaction ID : SA11A.107524**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. PRATT, JOHN, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1479 SW SHORELINE DRIVE  
 City PALM CITY State FL Zip Code 34990-4535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015  
**Transaction ID : SA11A.107622**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. REQUA, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3510 NE 41ST STREET  
 City SEATTLE State WA Zip Code 98105-5658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) NONE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11A.107446**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 19 OF 32
	<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. WHEELER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 GULF SHORE BLVD NORTH  
 502  
 City NAPLES State FL Zip Code 34102-4922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 16 / 2015  
**Transaction ID : SA11A.106917**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. WHEELER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 GULF SHORE BLVD NORTH  
 502  
 City NAPLES State FL Zip Code 34102-4922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11A.107386**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. WILKINSON, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 715 HUNTERS GROVE LANE  
 City HOUSTON State TX Zip Code 77024-5505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2015  
**Transaction ID : SA11A.107180**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1100.00  
**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 20 OF 32  
(check only one)

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WURDEMAN, GARY, , ,**

Mailing Address **3405 NW 166TH COURT**

City <b>EDMOND</b>	State <b>OK</b>	Zip Code <b>73012-0606</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>PABLO ENERGY II, LLC</b>	Occupation (for Individual) <b>ENGINEERING MGR</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**11 / 29 / 2015**

**Transaction ID : SA11A.107657**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>15475.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Date of Disbursement  
MM / DD / YYYY  
09 / 10 / 2015

Mailing Address

City State Zip Code  
?? 99999

Purpose of Disbursement  
OPERATING EXPENSE

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.I6058  
Amount of Each Disbursement this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. AMAGI STRATEGIES**

Date of Disbursement  
MM / DD / YYYY  
10 / 29 / 2015

Mailing Address 424 EAST 10TH ST #4C

City State Zip Code  
NEW YORK NY 10009-4288

Purpose of Disbursement  
PAC CONSULTING SERVICES

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.I6054  
Amount of Each Disbursement this Period  
2799.80

Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
12 / 16 / 2015

Mailing Address 424 EAST 10TH ST #4C

City State Zip Code  
NEW YORK NY 10009-4288

Purpose of Disbursement  
PAC CONSULTING SERVICES

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.I6054  
Amount of Each Disbursement this Period  
3533.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6432.80

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DB CAPITOL STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 14 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I6054!

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. DB CAPITOL STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 26 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I6054!

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. DB CAPITOL STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 30 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I6054!

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-3356

Purpose of Disbursement  
LEGAL AND COMPLIANCE CONSULTING

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
0	8			3	1			2	0	1	5		

FEC Identification Number

**C**

**Transaction ID : SB21B.I6054i**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-3356

Purpose of Disbursement  
LEGAL AND COMPLIANCE CONSULTING

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
0	9			2	9			2	0	1	5		

FEC Identification Number

**C**

**Transaction ID : SB21B.I6054i**

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 STREET  
SUITE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-3356

Purpose of Disbursement  
LEGAL AND COMPLIANCE CONSULTING

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
0	7			0	7			2	0	1	5		

FEC Identification Number

**C**

**Transaction ID : SB21B.I6055**

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
VIDEO SERVICES

FEC Identification Number

C

**Transaction ID : SB21B.I6059i**  
Amount of Each Disbursement this Period

600.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
VIDEO SERVICES

FEC Identification Number

C

**Transaction ID : SB21B.I6059i**  
Amount of Each Disbursement this Period

2500.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2015

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
VIDEO SERVICES

FEC Identification Number

C

**Transaction ID : SB21B.I6059i**  
Amount of Each Disbursement this Period

3000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

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

6100.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement: MM / DD / YYYY  
11 / 24 / 2015

Mailing Address: 2423 C STREET #11

City: SACRAMENTO State: CA Zip Code: 95816

Purpose of Disbursement: VIDEO SERVICES

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.I60601**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement: MM / DD / YYYY  
12 / 29 / 2015

Mailing Address: 2423 C STREET #11

City: SACRAMENTO State: CA Zip Code: 95816

Purpose of Disbursement: VIDEO SERVICES

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.I60601**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
12 / 29 / 2015

Mailing Address: 2423 C STREET #11

City: SACRAMENTO State: CA Zip Code: 95816

Purpose of Disbursement: PAC MANAGEMENT SERVICES

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.I60601**  
Amount of Each Disbursement this Period: 2660.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6160.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	4		2	0	1	5		

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
PAC MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I6060:**  
Amount of Each Disbursement this Period  
[ ] 3450.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	9		2	0	1	5		

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
PAC MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I6060**  
Amount of Each Disbursement this Period  
[ ] 4416.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	8		2	0	1	5		

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
PAC MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I6060**  
Amount of Each Disbursement this Period  
[ ] 1970.00

Memo Item

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

[ ] 9837.18

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
PAC MANAGEMENT SERVICES

C
---

FEC Identification Number

**Transaction ID : SB21B.I6060**

Amount of Each Disbursement this Period

1895.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. MOUNDSPRINGS STRATEGIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2015

Mailing Address 2423 C STREET  
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement  
PAC MANAGEMENT SERVICES

C
---

FEC Identification Number

**Transaction ID : SB21B.I6060**

Amount of Each Disbursement this Period

1970.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
MERCHANT PROCESSING FEES

C
---

FEC Identification Number

**Transaction ID : SB21B.I6049**

Amount of Each Disbursement this Period

545.26
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

4410.26
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6050I

Amount of Each Disbursement this Period

842.58

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

842.58

36782.82

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. CARSON AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 DIAGONAL ROAD  
STE 140

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM RALPH TREMPER

Candidate Name  
**CARSON, BENJAMIN, S, , SR MD**

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

State: District:

Date of Disbursement: 10 / 09 / 2015

FEC Identification Number: C00573519  
Transaction ID : SB23.I60579

Amount of Each Disbursement this Period: 50.00

Memo Item

**B. CARSON AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 DIAGONAL ROAD  
STE 140

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM GLORY HOPKINS

Candidate Name  
**CARSON, BENJAMIN, S, , SR MD**

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

State: District:

Date of Disbursement: 10 / 09 / 2015

FEC Identification Number: C00573519  
Transaction ID : SB23.I60580

Amount of Each Disbursement this Period: 25.00

Memo Item

**C. CARSON AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 DIAGONAL ROAD  
STE 140

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM R.H. STIGLER

Candidate Name  
**CARSON, BENJAMIN, S, , SR MD**

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

State: District:

Date of Disbursement: 10 / 14 / 2015

FEC Identification Number: C00573519  
Transaction ID : SB23.I60581

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 100.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C00573519 <b>Transaction ID : SB23.I60582</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM SYLVIA HYMAN		Amount of Each Disbursement this Period 50.00
Candidate Name <b>CARSON, BENJAMIN , S , , SR MD</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C00573519 <b>Transaction ID : SB23.I60583</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM LUCILLE ZOLMAN		Amount of Each Disbursement this Period 50.00
Candidate Name <b>CARSON, BENJAMIN , S , , SR MD</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C00573519 <b>Transaction ID : SB23.I60584</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM D.J WALKER		Amount of Each Disbursement this Period 100.00
Candidate Name <b>CARSON, BENJAMIN , S , , SR MD</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C00573519 <b>Transaction ID : SB23.I60585</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM MARY MOCK		Category/ Type
Candidate Name <b>CARSON, BENJAMIN , S , , SR MD</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 25.00
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C00573519 <b>Transaction ID : SB23.I60586</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM JAMES IACK		Category/ Type
Candidate Name <b>CARSON, BENJAMIN , S , , SR MD</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 10.00
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C00573519 <b>Transaction ID : SB23.I60587</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FOR CARSON AMERICA FROM WYCHE AND ELIZABETH GREEN		Category/ Type
Candidate Name <b>CARSON, BENJAMIN , S , , SR MD</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 100.00
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	435.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ALONZO, RUDOLF, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 86 LUQUER RD

City MAMHASSET State NY Zip Code 11030

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 13 / 2015

FEC Identification Number: C

Transaction ID : SB28A.I6059!

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. BURTON, BOB G., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 43925 BALMUIR AVE

City LANCASTER State CA Zip Code 93535

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 09 / 2015

FEC Identification Number: C

Transaction ID : SB28A.I6059!

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. LAWRENCE, JOHN L., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 809 SLOOP ST.

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2015

FEC Identification Number: C

Transaction ID : SB28A.I6059!

Amount of Each Disbursement this Period: 500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5500.00