

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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" value="5446.89"/> | <input type="text" value="5446.89"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="5446.89"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="8682.48"/> | <input type="text" value="8682.48"/> |
| (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="14129.37"/> | <input type="text" value="14129.37"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="7452.08"/> | <input type="text" value="7452.08"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="6677.29"/> | <input type="text" value="6677.29"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Defenders of Freedom and Security

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1820.00 | 1820.00 |
| (ii) Unitemized | 6862.48 | 6862.48 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 8682.48 | 8682.48 |
| (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) | 8682.48 | 8682.48 |
| 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)).....▶ | 8682.48 | 8682.48 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 8682.48 | 8682.48 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 5357.08 | 5357.08 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 5357.08 | 5357.08 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 20.00 | 20.00 |
| 24. Independent Expenditures (use Schedule E) | 2000.00 | 2000.00 |
| 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 | 75.00 | 75.00 |
| (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))..... | 75.00 | 75.00 |
| 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)) .. | 7452.08 | 7452.08 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7452.08 | 7452.08 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 8682.48 | 8682.48 |
| 34. Total Contribution Refunds (from Line 28(d)) | 75.00 | 75.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8607.48 | 8607.48 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 5357.08 | 5357.08 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 5357.08 | 5357.08 |

: 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 correct a disbursement amount, to correctly report memo entries on Schedule E, to correctly report an earmarked contribution, and to include two contribution refunds.

Form/Schedule:
Transaction ID:

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

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

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

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

A. ARRIETA, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 N. MOUNTAIN TRAIL #C
 City SIERRA MADRE State CA Zip Code 91024-
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) THE OLIVE BRANCH Occupation (for Individual) BUS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11.116734
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. BELYAVSKI, ALEX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2626 EL CAMINO REAL
 COAST LIGHTING 2626 EL CAMINO REAL
 City REDWOOD CITY State CA Zip Code 94061-3815
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) COAST LIGHTING Occupation (for Individual) BUYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11.116591
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. BRALY, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 685 E ADAMS ST
 City NASHVILLE State IL Zip Code 62263-
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 01 / 05 / 2016
Transaction ID : SA11.116543
 Amount of Each Receipt this Period 20.00
 Memo Item
EARMARKED CONTRIBUTION FORWARDED TO CARSON AMERICA INC., C00573519

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 520.00 |
| 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 16 |
| <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. DUNIPACE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5462 SPINDLE TREE ROAD
 5462 SPINDLE TREE RD
 City INDIANAPOLIS State IN Zip Code 46268-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2016
Transaction ID : SA11.116574
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. ELWARDT, 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-
 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 01 / 15 / 2016
Transaction ID : SA11.116618
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MCINNIS, ELEANOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 W. LYKES AVE.
 3408 LYKES AVE
 City TAMPA State FL Zip Code 33609-4626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2016
Transaction ID : SA11.116681
 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: (check only one) | PAGE 9 OF 16 |
| | <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PULLMAN, JOHN, , ,

Mailing Address
2914 MANAGUA PLACE

City CARLSBAD State CA Zip Code 92009-

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 19 / 2016

Transaction ID : SA11.116642

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address
2914 MANAGUA PLACE

City CARLSBAD State CA Zip Code 92009-

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 20 / 2016

Transaction ID : SA11.116660

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address
2914 MANAGUA PLACE

City CARLSBAD State CA Zip Code 92009-

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 29 / 2016

Transaction ID : SA11.116735

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 10 OF 16
(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
RILEY, SUZANNE, , ,

Mailing Address
P.O. BOX 92

City SLANESVILLE State WV Zip Code 25444-

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) HOME MAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2016

Transaction ID : SA11.116695

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | 1820.00 |

**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

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 SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7855

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 SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7855

Amount of Each Disbursement this Period: 500.00

Memo Item

C. MOUNDSPRINGS STRATEGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 2423 C STREET
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement PAC CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7855

Amount of Each Disbursement this Period: 4078.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5078.00

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. 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:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C []

Transaction ID : SB21B.I7855

Amount of Each Disbursement this Period

[] 279.08

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:

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:

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)..... ▶

[] 279.08

[] 5357.08

**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 FORWARDED TO CARSON AMERICA INC.
FROM CHARLES BRALEY

Candidate Name
CARSON, BENJAMIN , S , , SR MD

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

State: District:

Date of Disbursement: 01 / 08 / 2016

FEC Identification Number: C C00573519
Transaction ID : SB23.I78557

Amount of Each Disbursement this Period: 20.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 20.00 |
| TOTAL This Period (last page this line number only).....▶ | 20.00 |

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

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

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item MOUNDSPRINGS STRATEGIES, INC. | Date of Public Distribution/Dissemination 01 / 28 / 2016 |
| Mailing Address 2423 C STREET #11 | Amount 1000.00 Transaction ID : SE24.60621 Date of Disbursement or Obligation 01 / 22 / 2016 |
| City State Zip Code SACRAMENTO CA 95816 | |
| Purpose of Expenditure VIDEO PRODUCTION Category/Type | |
| Name of Federal Candidate: CARSON, BENJAMIN, S., , SR., M.D. | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought 1000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item MOUNDSPRINGS STRATEGIES, INC. | Date of Public Distribution/Dissemination 02 / 16 / 2016 |
| Mailing Address 2423 C STREET #11 | Amount 1000.00 Transaction ID : SE24.78643 Date of Disbursement or Obligation 01 / 22 / 2016 |
| City State Zip Code SACRAMENTO CA 95816 | |
| Purpose of Expenditure VIDEO PRODUCTION Category/Type | |
| Name of Federal Candidate: CARSON, BENJAMIN, S., , SR., M.D. | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC |
| Calendar Year-To-Date Per Election for Office Sought 1000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | 2000.00 |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (a) TOTAL Independent Expenditures ▶ | |

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

BACKER, DAN, , ,

[Electronically Filed]

Date

01 / 28 / 2016

Signature

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) Defenders of Freedom and Security | FEC IDENTIFICATION NUMBER ▼ C C00536664 |
|---|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | | | |
|---|--------------------|---|---|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item FACEBOOK, INC. | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 1 HACKER WAY | | Amount <input type="text"/> | |
| City MENLO PARK | State CA | Zip Code 94025-1452 | Transaction ID : SE24.60620 |
| Purpose of Expenditure DIGITAL AD BUY | | Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: CARSON, BENJAMIN, S., , SR., M.D. | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | 1000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item FACEBOOK, INC. | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 1 HACKER WAY | | Amount <input type="text"/> | |
| City MENLO PARK | State CA | Zip Code 94025-1452 | Transaction ID : SE24.78644 |
| Purpose of Expenditure DIGITAL AD BUY | | Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: CARSON, BENJAMIN, S., , SR., M.D. | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | 1000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|----------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> |
| (a) SUBTOTAL of Unitemized Independent Expenditures | <input type="text"/> |
| (a) TOTAL Independent Expenditures | <input type="text"/> |

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.

BACKER, DAN, ,

[Electronically Filed]

Date

/ /

Signature

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) Defenders of Freedom and Security | FEC IDENTIFICATION NUMBER ▼ C C00536664 |
|---|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|--|---|
| Full Name of Payee FACEBOOK, INC. <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 1 HACKER WAY | Amount <input type="text"/> 229.78 Transaction ID : SE24.78645 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City MENLO PARK State CA Zip Code 94025-1452 | |
| Purpose of Expenditure DIGITAL AD BUY Category/Type <input type="text"/> | |
| Name of Federal Candidate: CARSON, BENJAMIN, S., , SR., M.D. <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address | Amount <input type="text"/> |
| City _____ State _____ Zip Code _____ | |
| Purpose of Expenditure _____ Category/Type <input type="text"/> | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> 0.00 |
| (a) SUBTOTAL of Unitemized Independent Expenditures | <input type="text"/> |
| (a) TOTAL Independent Expenditures | <input type="text"/> 2000.00 |

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

BACKER, DAN, , , [Electronically Filed] Date / /

Signature