

# 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   /   /      through   /   /

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

Signature of Treasurer **Hornaday, Alexander, , ,** [Electronically Filed] Date **03 / 27 / 2017**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Defenders of Freedom and Security**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		5446.89
(b) Cash on Hand at Beginning of Reporting Period.....	6677.29	
(c) Total Receipts (from Line 19) .....	14962.98	23645.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	21640.27	29092.35
7. Total Disbursements (from Line 31).....	12623.30	20075.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9016.97	9016.97
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Defenders of Freedom and Security**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4075.00	5895.00
(ii) Unitemized .....	10887.98	17750.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14962.98	23645.46
(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) .....	14962.98	23645.46
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)).....▶	14962.98	23645.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14962.98	23645.46

**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 .....	11522.24	16879.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11522.24	16879.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100.00	120.00
24. Independent Expenditures (use Schedule E) .....	1001.06	3001.06
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 .....	0.00	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)).....	0.00	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)) ..	12623.30	20075.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12623.30	20075.38

**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) .....	14962.98	23645.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14962.98	23570.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11522.24	16879.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11522.24	16879.32

: 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 correct two disbursement amounts, include an unitemized contribution, remove duplicate disbursement entries on Schedules B and E, and include memo entries on Schedule E.

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. AUGUR, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 GILLESPIE 105  
 City DALLAS State TX Zip Code 75219-4884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : SA11A.245395**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. BLACK, KAREN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 CELEBRATION AVE  
 City KISSIMMEE State FL Zip Code 34747-4866  
 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 02 / 10 / 2016  
**Transaction ID : SA11A.245286**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. DUNIPACE, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5462 SPINDLE TREE RD  
 City INDIANAPOLIS State IN Zip Code 46268-3936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : SA11A.245482**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<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 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	

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. GLUCK, JULIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 WAYNEWOOD BLVD.  
 City ALEXANDRIA State VA Zip Code 22308-2608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : SA11A.245362**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. HARRISON, RIDGELY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1566 HIGH PEAK LANE 1566 HIGH PEAK LANE  
 City SHIPMAN State VA Zip Code 22971-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMING Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : SA11A.245460**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. HILLMAN, TATNALL, LEA, CAPT., SC USNR RE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 W BLEEKER ST  
 City ASPEN State CO Zip Code 81611-1228  
 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 02 / 15 / 2016  
**Transaction ID : SA11A.245343**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 9 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 437 LA CHANCE COURT

City DELAWARE    State OH    Zip Code 43015-3304

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

Name of Employer (for Individual) SMALL BUSINESS OWNER    Occupation (for Individual) SELF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11A.245337**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 CONTRIBUTION

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

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) SPRHS    Occupation (for Individual) FNP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2016

**Transaction ID : SA11A.245307**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4075.00

**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

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

NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. AMAGI STRATEGIES**

Mailing Address 424 EAST 10TH ST  
#4C

City  
NEW YORK

State  
NY

Zip Code  
10009-4288

Purpose of Disbursement  
CONSULTING SERVICES

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
0	2		1	2		2	0	1	6

FEC Identification Number

**C**

**Transaction ID : SB21B.I8156!**

Amount of Each Disbursement this Period

2961.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. HALT, BUZAS & POWELL, LTD**

Mailing Address 1199 N FAIRFAX ST  
10TH FLOOR

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
ACCOUNTING SERVICES

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
0	2		1	6		2	0	1	6

FEC Identification Number

**C**

**Transaction ID : SB21B.I8157!**

Amount of Each Disbursement this Period

194.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MOUNDSPRINGS STRATEGIES, INC.**

Mailing Address 2423 C STREET  
#11

City  
SACRAMENTO

State  
CA

Zip Code  
95816

Purpose of Disbursement  
PAC CONSULTING SERVICES

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
0	2		2	3		2	0	1	6

FEC Identification Number

**C**

**Transaction ID : SB21B.I8157**

Amount of Each Disbursement this Period

7860.00

Memo Item

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

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

11015.94

# 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

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

NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

### A. PAYPAL

Mailing Address 2211 NORTH FIRST STREET

City  
SAN JOSE

State  
CA

Zip Code  
95131

Purpose of Disbursement  
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	2		2	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8156!

Amount of Each Disbursement this Period

5	0	6	.	3	0
---	---	---	---	---	---

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).....▶

5	0	6	.	3	0
---	---	---	---	---	---

1	1	5	2	2	.	2	4
---	---	---	---	---	---	---	---

**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

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

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

Full Name (Last, First, Middle Initial) <b>A. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C 00573519 <b>Transaction ID : SB23.I81574</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FORWARDED TO CARSON AMERICA FROM DIANA BRAIN		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CARSON AMERICA</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 1800 DIAGONAL ROAD STE 140		FEC Identification Number C 00573519 <b>Transaction ID : SB23.I81575</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement EARMARKED CONTRIBUTION FORWARDED TO CARSON AMERICA FROM ARDY LIMBERGER		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100.00

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

NAME OF COMMITTEE (In Full) <b>Defenders of Freedom and Security</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00536664
---	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>FACEBOOK, INC.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>1 HACKER WAY</b>	Amount <input type="text"/> 250.72 <b>Transaction ID : SE24.60620</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>MENLO PARK</b> State <b>CA</b> Zip Code <b>94025-1452</b>	
Purpose of Expenditure <b>DIGITAL AD BUY</b> Category/Type <input type="text"/>	
Name of Federal Candidate: <b>CARSON, BENJAMIN, S., , SR., M.D.</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <b>IA</b> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1500.00	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 <b>FACEBOOK, INC.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>1 HACKER WAY</b>	Amount <input type="text"/> 19.50 <b>Transaction ID : SE24.78644</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>MENLO PARK</b> State <b>CA</b> Zip Code <b>94025-1452</b>	
Purpose of Expenditure <b>DIGITAL AD BUY</b> Category/Type <input type="text"/>	
Name of Federal Candidate: <b>CARSON, BENJAMIN, S., , SR., M.D.</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <b>IA</b> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1500.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 270.22
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> 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.
Mailing Address: 1 HACKER WAY
City: MENLO PARK, State: CA, Zip Code: 94025-1452
Purpose of Expenditure: DIGITAL AD BUY
Category/Type:
Date of Public Distribution/Dissemination: 01/28/2016
Amount: 229.78
Transaction ID: SE24.78645
Date of Disbursement or Obligation: 02/03/2016

Name of Federal Candidate: CARSON, BENJAMIN, S., SR., M.D.
Support/Oppose: Support
Office Sought: President
State: IA
Calendar Year-To-Date Per Election for Office Sought: 1500.00
Disbursement For: Primary

Full Name of Payee: FACEBOOK, INC.
Mailing Address: 1 HACKER WAY
City: MENLO PARK, State: CA, Zip Code: 94025-1452
Purpose of Expenditure: DIGITAL AD BUY
Category/Type:
Date of Public Distribution/Dissemination: 02/16/2016
Amount: 16.33
Transaction ID: SE24.81570
Date of Disbursement or Obligation: 02/22/2016

Name of Federal Candidate: CARSON, BENJAMIN, S., SR., M.D.
Support/Oppose: Support
Office Sought: President
State: SC
Calendar Year-To-Date Per Election for Office Sought: 1501.06
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 246.11
(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) <b>Defenders of Freedom and Security</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00536664                 </div>
---	---

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>FACEBOOK, INC.</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">02 / 16 / 2016</span>			
Mailing Address <b>1 HACKER WAY</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">484.73</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City <b>MENLO PARK</b></td> <td style="width:17%; padding: 2px;">State <b>CA</b></td> <td style="width:50%; padding: 2px;">Zip Code <b>94025-1452</b></td> </tr> </table>		City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025-1452</b>
City <b>MENLO PARK</b>		State <b>CA</b>	Zip Code <b>94025-1452</b>	
Purpose of Expenditure <b>DIGITAL AD BUY</b>				
Name of Federal Candidate: <b>CARSON, BENJAMIN, S., , SR., M.D.</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1501.06</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate: <b>CARSON, BENJAMIN, S., , SR., M.D.</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>SC</b>			

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>MOUNDSPRINGS STRATEGIES, INC.</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">02 / 16 / 2016</span>			
Mailing Address <b>2423 C STREET #11</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City <b>SACRAMENTO</b></td> <td style="width:17%; padding: 2px;">State <b>CA</b></td> <td style="width:50%; padding: 2px;">Zip Code <b>95816</b></td> </tr> </table>		City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95816</b>
City <b>SACRAMENTO</b>		State <b>CA</b>	Zip Code <b>95816</b>	
Purpose of Expenditure <b>VIDEO PRODUCTION</b>				
Name of Federal Candidate: <b>CARSON, BENJAMIN, S., , SR., M.D.</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1501.06</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate: <b>CARSON, BENJAMIN, S., , SR., M.D.</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>SC</b>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">484.73</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

*BACKER, DAN, ,*

*[Electronically Filed]*

Date

02 / 16 / 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
FACEBOOK, INC.
Mailing Address
1 HACKER WAY
City
MENLO PARK
State
CA
Zip Code
94025-1452
Purpose of Expenditure
DIGITAL AD BUY
Category/Type

Date of Public Distribution/Dissemination
02 / 16 / 2016
Amount
13.77
Transaction ID : SE24.83178
Date of Disbursement or Obligation
03 / 01 / 2016

Name of Federal Candidate:
CARSON, BENJAMIN, S., , SR., M.D.
Support
Oppose

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

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Oppose

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

Table with 2 columns: Description and Amount. Rows include (a) SUBTOTAL of Itemized Independent Expenditures (0.00), (a) SUBTOTAL of Unitemized Independent Expenditures, and (a) TOTAL Independent Expenditures (1001.06).

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 02 / 16 / 2016
Signature