

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 01 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer [Electronically Filed] Date 04 / 15 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Defenders of Freedom and Security**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		18767.07
(b) Cash on Hand at Beginning of Reporting Period.....	18767.07	
(c) Total Receipts (from Line 19) .....	11908.50	11908.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30675.57	30675.57
7. Total Disbursements (from Line 31).....	14613.10	14613.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16062.47	16062.47
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Defenders of Freedom and Security**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1649.00	1649.00
(ii) Unitemized .....	10259.50	10259.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11908.50	11908.50
(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) .....	11908.50	11908.50
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))..... ▶	11908.50	11908.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11908.50	11908.50

**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 .....	14613.10	14613.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14613.10	14613.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14613.10	14613.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14613.10	14613.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11908.50	11908.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11908.50	11908.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14613.10	14613.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14613.10	14613.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<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	<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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2014

**Transaction ID : SA11AI.7198**

Amount of Each Receipt this Period  
49.00

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
277.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : SA11AI.7252**

Amount of Each Receipt this Period  
46.00

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

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
311.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.7272**

Amount of Each Receipt this Period  
34.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.7302**

Amount of Each Receipt this Period  
40.00

**B. ANTHONY BEIRNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 590 BAY VILLAS LANE

City NAPLES State FL Zip Code 34108

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11AI.7111**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 590 BAY VILLAS LANE

City NAPLES State FL Zip Code 34108

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.7161**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	390.00
<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 8 OF 17  
(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. Harry Buckel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Woodbine Ave.  
 City Northport State NY Zip Code 11768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2014  
**Transaction ID : SA11AI.7071**  
 Amount of Each Receipt this Period  
 100.00

**B. Alan Carpien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3825 Beecher St., N.W.  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.7304**  
 Amount of Each Receipt this Period  
 180.00

**C. Martha Dunn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 Kings Mt. Rd.  
 City Woodside State CA Zip Code 94062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 03 / 31 / 2014  
**Transaction ID : SA11AI.7323**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 17  
(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. rafael Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1442 Clydesdale Ave  
 City Wellington State FL Zip Code 33414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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 / 10 / 2014  
**Transaction ID : SA11AI.6950**  
 Amount of Each Receipt this Period  
 100.00

**B. David Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7100 South Lane  
 City Waite Hill State OH Zip Code 44094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 03 / 01 / 2014  
**Transaction ID : SA11AI.7079**  
 Amount of Each Receipt this Period  
 250.00

**C. Thomas Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 736 kingstown Drive  
 City Naples State FL Zip Code 34102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired na  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2014  
**Transaction ID : SA11AI.7193**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1649.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Active Campaign**

Mailing Address 150 N Michigan Ave  
Suite 1230

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7351**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Active Campaign**

Mailing Address 150 N Michigan Ave  
Suite 1230

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7370**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Active Campaign**

Mailing Address 150 N Michigan Ave  
Suite 1230

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7400**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Active Campaign**

Mailing Address 150 N Michigan Ave  
Suite 1230

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Email Services

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7401**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Amagi Strategies**

Mailing Address 424 E 10th Street  
#3D

City New York State NY Zip Code 10009

Purpose of Disbursement  
Consulting Services

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7355**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Amagi Strategies**

Mailing Address 424 E 10th Street  
#3D

City New York State NY Zip Code 10009

Purpose of Disbursement  
Consulting Services

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7399**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address 1701 John F Kennedy Blvd

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Internet

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7354**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Comcast**

Mailing Address 1701 John F Kennedy Blvd

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Internet

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7371**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address 1701 John F Kennedy Blvd

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Internet

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7407**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. DB Capitol Strategies PLLC**

Mailing Address 717 King Street  
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal Services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7364**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DB Capitol Strategies PLLC**

Mailing Address 717 King Street  
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal Services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7391**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Netboots**

Mailing Address 9043 Soquel Dr

City Aptos State CA Zip Code 95003

Purpose of Disbursement  
Online Contribution Platform

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7363**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. Netboots**

Mailing Address 9043 Soquel Dr

City Aptos State CA Zip Code 95003

Purpose of Disbursement  
Online Contribution Platform

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2014

**Transaction ID : SB21B.7383**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Merchant Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2014

**Transaction ID : SB21B.7420**

Amount of Each Disbursement this Period

423.76

Full Name (Last, First, Middle Initial)

**C. Safeway**

Mailing Address 1025 Alhambra Blvd

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
meeting

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2014

**Transaction ID : SB21B.7348**

Amount of Each Disbursement this Period

116.51

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

690.27

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. Safeway**

Mailing Address 1025 Alhambra Blvd

City Sacramento State CA Zip Code 95816

Purpose of Disbursement meeting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7357**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Safeway**

Mailing Address 1025 Alhambra Blvd

City Sacramento State CA Zip Code 95816

Purpose of Disbursement meeting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7377**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Safeway**

Mailing Address 1025 Alhambra Blvd

City Sacramento State CA Zip Code 95816

Purpose of Disbursement meeting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7404**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. Safeway**

Mailing Address 1025 Alhambra Blvd

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
meeting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SB21B.7405

Amount of Each Disbursement this Period

36.00
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Full Name (Last, First, Middle Initial)

**B. Safeway**

Mailing Address 1025 Alhambra Blvd

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
food and beverage

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : SB21B.7417

Amount of Each Disbursement this Period

31.58
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Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 140 West Street

City New York State NY Zip Code 10007

Purpose of Disbursement  
Phone Services

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : SB21B.7360

Amount of Each Disbursement this Period

108.07
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

175.65
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

### A. Verizon Wireless

Mailing Address 140 West Street

City New York State NY Zip Code 10007

Purpose of Disbursement  
Phone Services

001

Category/  
Type

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	3		0	3		2	0	1	4		

Transaction ID : SB21B.7376

Amount of Each Disbursement this Period

113.31

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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

Amount of Each Disbursement this Period

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

113.31

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

12820.98