

**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"/>	<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="9241.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9584.29"/>	<input type="text" value="58136.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="18826.12"/>	<input type="text" value="63583.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8936.99"/>	<input type="text" value="53694.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9889.13"/>	<input type="text" value="9889.13"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Defenders of Freedom and Security

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4085.00	16050.00
(ii) Unitemized	5499.29	42086.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9584.29	58136.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9584.29	58136.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	9584.29	58136.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9584.29	58136.75

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	5661.82	46504.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5661.82	46504.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	940.00
24. Independent Expenditures (use Schedule E)	3000.17	6015.00
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	25.00	235.00
(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)).....	25.00	235.00
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)) ..	8936.99	53694.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8936.99	53694.51

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)	9584.29	58136.75
34. Total Contribution Refunds (from Line 28(d))	25.00	235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9559.29	57901.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5661.82	46504.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5661.82	46504.51

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

Form/Schedule: F3XA

Transaction ID :

This report amended following internal audit to remove duplicate expenditure items, correct a disbursement amount, include a refund on Schedule B, and include the final payment amount for an item 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 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. BOWLING, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 LYNNDALE RD
 City FERNANDINA BEACH State FL Zip Code 32034-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIKE BOWLING ENTERPRISES Occupation (for Individual) TOY LICENSING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.338681
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. HOLLOWAY, RANDALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2416 N ATLANTIC BLVD
 City FORT LAUDERDALE State FL Zip Code 33305-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 27 / 2016
Transaction ID : SA11A.338778
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. LINDEE, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 PINE LN
 373 PINE LANE
 City LOS ALTOS State CA Zip Code 94022-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 27 / 2016
Transaction ID : SA11A.338736
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. LINDEE, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 PINE LN
 373 PINE LANE
 City LOS ALTOS State CA Zip Code 94022-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) 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
 06 / 27 / 2016
Transaction ID : SA11A.338737
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. MURPHY, FRANCES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 DOCKSIDE LANE 39
 City KEY LARGO State FL Zip Code 33037-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2016
Transaction ID : SA11A.338780
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PAPPAS, PATTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 7TH AVE S
 City BIRMINGHAM State AL Zip Code 35233-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAPPAS EAR CLINIC Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2016
Transaction ID : SA11A.338763
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
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 15
<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. PAPPAS, PATTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2937 7TH AVE S
 City BIRMINGHAM State AL Zip Code 35233-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAPPAS EAR CLINIC Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 14 / 2016
Transaction ID : SA11A.338840
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE APT 3502
 City SUNNY ISLES BEACH State FL Zip Code 33160-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 14 / 2016
Transaction ID : SA11A.338797
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE APT 3502
 City SUNNY ISLES BEACH State FL Zip Code 33160-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 14 / 2016
Transaction ID : SA11A.338819
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
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 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051 COLLINS AVE
 APT 3502
 City SUNNY ISLES BEACH State FL Zip Code 33160-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11A.338853
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA CT
 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2016
Transaction ID : SA11A.338839
 Amount of Each Receipt this Period
 35.00
 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

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	4085.00

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 424 EAST 10TH ST
#4C

City
NEW YORK

State
NY

Zip Code
10009-4288

Purpose of Disbursement
LIST RENTAL FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	6

FEC Identification Number

C []
Transaction ID : SB21B.I8596
Amount of Each Disbursement this Period
[] 1153.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION STREET
SUITE 300

City
ALEXANDRIA

State
VA

Zip Code
22314-3356

Purpose of Disbursement
LEGAL AND COMPLIANCE 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	6		3	0		2	0	1	6

FEC Identification Number

C []
Transaction ID : SB21B.I8596
Amount of Each Disbursement this Period
[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION STREET
SUITE 300

City
ALEXANDRIA

State
VA

Zip Code
22314-3356

Purpose of Disbursement
REIMBURSEMENT (SEE BELOW)

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	6		3	0		2	0	1	6

FEC Identification Number

C []
Transaction ID : SB21B.I8596
Amount of Each Disbursement this Period
[] 125.00

Memo Item

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

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

1	7	7	8	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Defenders of Freedom and Security

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8596'
Amount of Each Disbursement this Period
125.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MOUNDSPRINGS STRATEGIES, INC.

Mailing Address 2423 C STREET
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement
PAC CONSULTING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I85962
Amount of Each Disbursement this Period
3556.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYPAL

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8597
Amount of Each Disbursement this Period
46.38

Memo Item

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

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

3602.38

**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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8597I
Amount of Each Disbursement this Period
188.56

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYPAL

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8598C
Amount of Each Disbursement this Period
72.16

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYPAL

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8598C
Amount of Each Disbursement this Period
20.72

Memo Item

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

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

281.44
5661.82

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

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

FOR LINE NUMBER:
(check only one)

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

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. BRIAN MAST FOR CONGRESS

Mailing Address 2600 S DOUGLAS RD
STE 900

City
CORAL GABLES

State
FL

Zip Code
33134-6149

Purpose of Disbursement
PRIMARY ELECTION CONTRIBUTION

Candidate Name

MAST, BRIAN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	2		2	0	1	6		

FEC Identification Number

C C00579896

Transaction ID : SB23.I85963

Amount of Each Disbursement this Period

2	5	0	0	.	0	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).....▶

2	5	0	0	.	0	0					
---	---	---	---	---	---	---	--	--	--	--	--

2	5	0	0	.	0	0					
---	---	---	---	---	---	---	--	--	--	--	--

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

NAME OF COMMITTEE (In Full) Defenders of Freedom and Security	FEC IDENTIFICATION NUMBER ▼ C C00536664
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee FACEBOOK, INC. <input 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"/> 500.17 Transaction ID : SE24.84757 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 ADVERTISING Category/Type <input type="text"/>	
Name of Federal Candidate: HARRIS, KAMALA, D, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: CA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3000.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MOUNDSPRINGS STRATEGIES, INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2423 C STREET #11	Amount <input type="text"/> 2500.00 Transaction ID : SE24.84758 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City SACRAMENTO State CA Zip Code 95816	
Purpose of Expenditure VIDEO PRODUCTION Category/Type <input type="text"/>	
Name of Federal Candidate: HARRIS, KAMALA, D, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: CA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3000.17	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 3000.17
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/> 3000.17

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