

# 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)  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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2013 through [MM] / [DD] / [YYYY] 06 / 30 / 2013

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 08 / 13 / 2013

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

Office Use Only									
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**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="2013"/>	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1000.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="55819.95"/>	<input type="text" value="55819.95"/>
(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="56819.95"/>	<input type="text" value="56819.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25624.37"/>	<input type="text" value="25624.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31195.58"/>	<input type="text" value="31195.58"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Defenders of Freedom and Security

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	14554.00	14554.00
(ii) Unitemized .....	41265.95	41265.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55819.95	55819.95
(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) .....	55819.95	55819.95
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))..... ▶	55819.95	55819.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	55819.95	55819.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	15024.37	15024.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15024.37	15024.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4100.00	4100.00
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.....	1000.00	1000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5500.00	5500.00
(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)).....	5500.00	5500.00
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)) ..	25624.37	25624.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25624.37	25624.37

**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) .....	55819.95	55819.95
34. Total Contribution Refunds (from Line 28(d)) .....	5500.00	5500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50319.95	50319.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15024.37	15024.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15024.37	15024.37

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

Form/Schedule: F3XA  
Transaction ID :

This report is amended to include additional occupation and employer information.

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 34
	<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. Karl Anttila**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11298

City Bakersfield State CA Zip Code 93389

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

Name of Employer Fluor Mining & Metals Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2013**

**Transaction ID : SA11AI.4953**

Amount of Each Receipt this Period  
**100.00**

**B. Karl Anttila**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11298

City Bakersfield State CA Zip Code 93389

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

Name of Employer Fluor Mining & Metals Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 09 / 2013**

**Transaction ID : SA11AI.5569**

Amount of Each Receipt this Period  
**100.00**

**C. Karl Anttila**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11298

City Bakersfield State CA Zip Code 93389

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

Name of Employer Fluor Mining & Metals Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2013**

**Transaction ID : SA11AI.6261**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<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 34  
(check only one)

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

**A. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.5395**

Amount of Each Receipt this Period  
59.00

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : SA11AI.5510**

Amount of Each Receipt this Period  
55.00

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
344.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2013  
**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period  
62.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.00
<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 34  
(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. 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 retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2013  
**Transaction ID : SA11AI.6062**  
 Amount of Each Receipt this Period  
 48.00

**B. samuel borofsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 bryant ave  
 City roslyn harbor State NY Zip Code 11576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer outrageous auctions Occupation ceo  
 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 / 13 / 2013  
**Transaction ID : SA11AI.4314**  
 Amount of Each Receipt this Period  
 250.00

**C. Kenneth Dalton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 332 S. Huntington Ave.  
 City San Dimas State CA Zip Code 91773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer QTI Occupation manager  
 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  
 05 / 13 / 2013  
**Transaction ID : SA11AI.5190**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 398.00  
**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 10 OF 34
	<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. edward dobson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4105 gold bird ct

City north las vegas State NV Zip Code 89032

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

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2013  
**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
5000.00

**B. Christine Dodds**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 Whitcomb Drive

City Grosse Pointe Farms State MI Zip Code 48236-3034

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

Name of Employer none Occupation none

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  
05 / 07 / 2013  
**Transaction ID : SA11AI.5093**

Amount of Each Receipt this Period  
250.00

**C. James Edwards**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 South Garner Street

City State College State PA Zip Code 16801

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

Name of Employer Clearfield Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2013  
**Transaction ID : SA11AI.6259**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 34  
(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**

Full Name (Last, First, Middle Initial)  
**A. martin fenton**

Mailing Address 500 stevens ave

City solana beach      State CA      Zip Code 92075

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

Name of Employer senior resource group      Occupation chairman

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  
**05 / 25 / 2013**

**Transaction ID : SA11AI.5316**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. James Flynn**

Mailing Address 1016 SW Myrtle Dr.

City Portland      State OR      Zip Code 97201

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

Name of Employer New & Neville Real Estate      Occupation real estate broker

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  
**04 / 13 / 2013**

**Transaction ID : SA11AI.4858**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Galea**

Mailing Address 5300 South Los Altos Parkway  
206

City Sparks      State NV      Zip Code 89436

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

Name of Employer Retired      Occupation Law Enforcement

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 09 / 2013**

**Transaction ID : SA11AI.5537**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **850.00**

**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 12 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)  
**A. Clive Goodwin**

Mailing Address 22 Fairmont St

City Arlington	State MA	Zip Code 02474-0000
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Sound Designer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.6113**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Charles Haag**

Mailing Address 14387 Denne

City Livonia	State MI	Zip Code 48154
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FEC ID number of contributing federal political committee. **C**

Name of Employer A&D Technology, Inc.	Occupation Programmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : SA11AI.6426**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. anne harrill**

Mailing Address 1227 Woods Haven Rd.

City Evergreen	State CO	Zip Code 80439
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FEC ID number of contributing federal political committee. **C**

Name of Employer none-retired	Occupation none
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2013  
**Transaction ID : SA11AI.5276**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 34  
(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. anne harrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 Woods Haven Rd.  
 City Evergreen State CO Zip Code 80439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none-retired Occupation none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 29 / 2013  
**Transaction ID : SA11AI.5357**  
 Amount of Each Receipt this Period 75.00

**B. Mary Alice Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1506  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary Alice Johnson Occupation Retired teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2013  
**Transaction ID : SA11AI.5931**  
 Amount of Each Receipt this Period 250.00

**C. Erich Kern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24774 Shoshonee Dr.  
 City Murrieta State CA Zip Code 92562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 22 / 2013  
**Transaction ID : SA11AI.5252**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 34  
(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. Erich Kern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24774 Shoshonee Dr.  
 City Murrieta State CA Zip Code 92562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2013  
**Transaction ID : SA11AI.5729**  
 Amount of Each Receipt this Period  
 100.00

**B. John Kidd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Main St  
 City Topsfield State MA Zip Code 01983-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dutton Family Care Associates LLP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.5375**  
 Amount of Each Receipt this Period  
 500.00

**C. John Kidd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Main St  
 City Topsfield State MA Zip Code 01983-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dutton Family Care Associates LLP Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2013  
**Transaction ID : SA11AI.5562**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1600.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 15 OF 34  
(check only one)

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

**A. John Kidd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 Main St  
City State Zip Code  
Topsfield MA 01983-0000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Dutton Family Care Associates LLP Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2013  
**Transaction ID : SA11AI.6327**  
Amount of Each Receipt this Period  
100.00

**B. Dan Lagueux**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 S. Alpine St  
1  
City State Zip Code  
Oakland ME 04963-0000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
none none  
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 / 23 / 2013  
**Transaction ID : SA11AI.6279**  
Amount of Each Receipt this Period  
250.00

**C. Eva Layton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 809 Bunker Hill Drive  
City State Zip Code  
Carson City NV 89703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NA 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 / 24 / 2013  
**Transaction ID : SA11AI.6430**  
Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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 16 OF 34
	<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. Herbert N. Morgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 N. Nash St.  
604

City Arlington State VA Zip Code 22209

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

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 27 / 2013  
**Transaction ID : SA11AI.4534**

Amount of Each Receipt this Period  
250.00

**B. Avner Pecker**  
Full Name (Last, First, Middle Initial)

Mailing Address 3154 ash little river road NW

City Ash State NC Zip Code 28420

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

Name of Employer Top security inc Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 08 / 2013  
**Transaction ID : SA11AI.5146**

Amount of Each Receipt this Period  
250.00

**C. Daniel Slusser**  
Full Name (Last, First, Middle Initial)

Mailing Address 93 La Patera Dr.

City Camarillo State CA Zip Code 93010

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

Name of Employer non Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 20 / 2013  
**Transaction ID : SA11AI.4436**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 17 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Adam Stern**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2423 C Street #11

City Sacramento	State CA	Zip Code 95816
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation film maker
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-495.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2013  
**Transaction ID : SA11AI.5028**

Amount of Each Receipt this Period  
5.00

**B. jocelyn stoller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5201 north hacienda del sol

City tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

Name of Employer Mirador Group LLC	Occupation Real estate developer
---------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : SA11AI.5487**

Amount of Each Receipt this Period  
100.00

**C. jocelyn stoller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5201 north hacienda del sol

City tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

Name of Employer Mirador Group LLC	Occupation Real estate developer
---------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2013  
**Transaction ID : SA11AI.5665**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.00
<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 18 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)  
**A. jocelyn stoller**

Mailing Address 5201 north hacienda del sol

City tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

Name of Employer Mirador Group LLC	Occupation Real estate developer
---------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2013  
**Transaction ID : SA11AI.6052**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Robert Tarone**

Mailing Address 14 Chantilly Ct

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer International Epidemiology Institute	Occupation statistician
--	----------------------------

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 / 20 / 2013  
**Transaction ID : SA11AI.6195**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Bill Wagner**

Mailing Address 2015 se columbia river drive #120

City Vancouver	State WA	Zip Code 98661
-------------------	-------------	-------------------

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

Name of Employer Bill Wagner	Occupation physician
---------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.6080**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<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. 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 retired Occupation na  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 06 / 2013  
**Transaction ID : SA11AI.4773**  
Amount of Each Receipt this Period  
250.00

**B. Herschel Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9453 Jamaica Beach  
City Galveston State TX Zip Code 77554  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self - The Integral Group Occupation Sales/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
05 / 03 / 2013  
**Transaction ID : SA11AI.5069**  
Amount of Each Receipt this Period  
250.00

**C. Herschel Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9453 Jamaica Beach  
City Galveston State TX Zip Code 77554  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self - The Integral Group Occupation Sales/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
06 / 12 / 2013  
**Transaction ID : SA11AI.5968**  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 34  
(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**

Full Name (Last, First, Middle Initial)  
**A. John Wilson**

Mailing Address 537 NW 47th Street

City State Zip Code  
Oklahoma City OK 73118

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

Name of Employer Occupation  
ABLE Commission Accountant

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  
 05 / 03 / 2013  
**Transaction ID : SA11AI.5045**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. LINDA YELLIN**

Mailing Address 4 SHORELINE

City State Zip Code  
NEWPORT COAST CA 92657

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

Name of Employer Occupation  
NONE NONE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : SA11AI.5812**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Oleg Zeetser**

Mailing Address 1730 Camino Palmero  
211

City State Zip Code  
Los Angeles CA 90046

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

Name of Employer Occupation  
Lenax Construction Services, Inc. Engineer

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 / 23 / 2013  
**Transaction ID : SA11AI.6348**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14554.00

**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  
Online marketing consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
02 / 25 / 2013

**Transaction ID : SB21B.4134**

Amount of Each Disbursement this Period

325.00

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  
Online marketing consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 25 / 2013

**Transaction ID : SB21B.4143**

Amount of Each Disbursement this Period

225.00

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  
Online marketing consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
04 / 23 / 2013

**Transaction ID : SB21B.4156**

Amount of Each Disbursement this Period

225.00

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

775.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2013

Transaction ID : SB21B.4168

Amount of Each Disbursement this Period

225.00

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  
Online marketing consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2013

Transaction ID : SB21B.4194

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Amagi Strategies**

Mailing Address 55 West 105th St

City New York State NY Zip Code 10025

Purpose of Disbursement  
PAC management consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2013

Transaction ID : SB21B.4190

Amount of Each Disbursement this Period

5000.00

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

5450.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : SB21B.4144**

Amount of Each Disbursement this Period

188.07

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 service

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2013

**Transaction ID : SB21B.4159**

Amount of Each Disbursement this Period

188.06

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 service

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2013

**Transaction ID : SB21B.4172**

Amount of Each Disbursement this Period

188.11

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

564.24

**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 service

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

**Transaction ID : SB21B.4200**

Amount of Each Disbursement this Period

188.11

Full Name (Last, First, Middle Initial)

**B. DB Capitol Strategies**

Mailing Address 717 King Street Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance consulting

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2013

**Transaction ID : SB21B.4130**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DB Capitol Strategies**

Mailing Address 717 King Street Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance consulting

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2013

**Transaction ID : SB21B.4141**

Amount of Each Disbursement this Period

500.00

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

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

1188.11



**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**

Mailing Address 717 King Street  
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2013

**Transaction ID : SB21B.4148**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DB Capitol Strategies**

Mailing Address 717 King Street  
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2013

**Transaction ID : SB21B.4162**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DB Capitol Strategies**

Mailing Address 717 King Street  
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2013

**Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4126**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. EI AI Air**

Mailing Address 15 East 26th St

City New York State NY Zip Code 10010-0000

Purpose of Disbursement  
Travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4167**

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 service fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4140**

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 service fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2013

**Transaction ID : SB21B.4149**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Netboots**

Mailing Address 9043 Soquel Dr

City Aptos State CA Zip Code 95003

Purpose of Disbursement  
Online service fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2013

**Transaction ID : SB21B.4161**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Netboots**

Mailing Address 9043 Soquel Dr

City Aptos State CA Zip Code 95003

Purpose of Disbursement  
Online service fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : SB21B.4174**

Amount of Each Disbursement this Period

150.00

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

450.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Travel Insured International**

Mailing Address 52-S Oakland Avenue

City East Hartford State CT Zip Code 06108-4098

Purpose of Disbursement  
Travel expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4193**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verizon**

Mailing Address 140 West Street

City New York State NY Zip Code 10007

Purpose of Disbursement  
Communication services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4158**

Amount of Each Disbursement this Period

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  
Telephone services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4145**

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. Verizon Wireless**

Mailing Address 140 West Street

City New York State NY Zip Code 10007

Purpose of Disbursement Telephone services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4160**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address 140 West Street

City New York State NY Zip Code 10007

Purpose of Disbursement Telephone services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4173**

Amount of Each Disbursement this Period

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 Telephone services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4199**

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. GABRIEL GOMEZ FOR SENATE**

Mailing Address C/O RED CURVE SOLUTIONS  
138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
Political contribution

011

Candidate Name

**GABRIEL GOMEZ FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Special-General

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : SB23.4154**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. GABRIEL GOMEZ FOR SENATE**

Mailing Address C/O RED CURVE SOLUTIONS  
138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
Political contribution

011

Candidate Name

**GABRIEL GOMEZ FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 00

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Special-General

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2013

**Transaction ID : SB23.4182**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)..... ▶

4100.00

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

4100.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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. Adam Stern**

Mailing Address 2423 C Street #11

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Loan repayment in full

009

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  
04 / 22 / 2013

Transaction ID : SB26.4124

Amount of Each Disbursement this Period

1000.00

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)..... ▶

1000.00

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defenders of Freedom and Security**

Full Name (Last, First, Middle Initial)

**A. edward dobson**

Mailing Address 4105 gold bird ct

City north las vegas State NV Zip Code 89032

Purpose of Disbursement  
Contribution refund

010

Candidate Name

Category/  
Type

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  
02 / 17 / 2013

**Transaction ID : SB28A.6464**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Adam Stern**

Mailing Address 2423 C Street #11

City Sacramento State CA Zip Code 95816

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  
04 / 22 / 2013

**Transaction ID : SB28A.4155**

Amount of Each Disbursement this Period

500.00

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)..... ▶

5500.00

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

5500.00



: 97 `A -G7 9 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 H-CB

Form/Schedule: SB28A

Transaction ID : SB28A.4155

This is a refund of the amounts made as an in-kind contribution by this contributor (reported seperately on lines 11a and 21b and netting out to zero) as payments made to vendors on behalf of the committee.

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Defenders of Freedom and Security** Transaction ID : SC/10.4109

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Adam Stern	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2423 C Street #11	
City Sacramento State CA ZIP Code 95816	

Original Amount of Loan 1000.00	Cumulative Payment To Date 1000.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate:  % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text" value="0.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.