

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.
Security Is Strength PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer William L. Bethea Jr.

Signature of Treasurer William L. Bethea Jr. [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Security Is Strength PAC

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="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2746393.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1299682.33"/>	<input type="text" value="4197117.33"/>
(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="4046075.55"/>	<input type="text" value="4197117.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3795477.49"/>	<input type="text" value="3946519.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="250598.06"/>	<input type="text" value="250598.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9990.00"/>	
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. 06/2004)

Page 3

Write or Type Committee Name

Security Is Strength PAC

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).....	1241716.33	3938391.33
(ii) Unitemized	466.00	1226.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1242182.33	3939617.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	57500.00	257500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1299682.33	4197117.33
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))..... ▶	1299682.33	4197117.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1299682.33	4197117.33

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	302566.79	415889.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	302566.79	415889.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	3466896.70	3504396.70
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25000.00	25000.00
(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)).....	25000.00	25000.00
29. Other Disbursements	1014.00	1233.38
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)) ..	3795477.49	3946519.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3795477.49	3946519.27

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)	1299682.33	4197117.33
34. Total Contribution Refunds (from Line 28(d))	25000.00	25000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1274682.33	4172117.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	302566.79	415889.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	302566.79	415889.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 124
	(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

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)
A. Access Industries, Inc.

Mailing Address 730 Fifth Avenue

City State Zip Code
New York NY 10019

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period
 300000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Avenue Ventures

Mailing Address 10166 Rush Street

City State Zip Code
South El Monte CA 91733

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
 25000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
C. Kenneth Bialkin

Mailing Address 4 Times Square

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
Skadden Arps Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period
 5000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	330000.00
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 124
	<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)
Security Is Strength PAC

A. John T. Chambers
Full Name (Last, First, Middle Initial)

Mailing Address 3230 Alexis Dr.

City Palo Alto State CA Zip Code 94304

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

Name of Employer Cisco Occupation Executive Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
 25000.00

Memo Item Contribution

B. Circle Creek Holdings, LLC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27329

City Greenville State SC Zip Code 29616

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
 25000.00

Memo Item Contribution

C. Crown Reserve
Full Name (Last, First, Middle Initial)

Mailing Address 560 Village Blvd., Ste. 120

City West Palm Beach State FL Zip Code 33409

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
 7500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	57500.00
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 124
	<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)
Security Is Strength PAC

A. Joe T. Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S. Shackelford Ste. 200
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westrock Group, LLC Occupation Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25000.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : SA11AI.4670
 Amount of Each Receipt this Period **25000.00**
 Memo Item Contribution

B. Freedom Frontier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Cedar Springs Rd. Suite 1050
 City Dallas State TX Zip Code 75201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250000.00**

Date of Receipt **11 / 25 / 2015**
Transaction ID : SA11AI.4714
 Amount of Each Receipt this Period **250000.00**
 Memo Item Contribution

C. Barry Friedberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 East 71st St.
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation FriedbergMilstein Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11AI.4765
 Amount of Each Receipt this Period **5000.00**
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	280000.00
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 11 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)
A. Martin Gross

Mailing Address 1 Sandalwood Drive

City State Zip Code
Livingston NJ 07039

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

Name of Employer Occupation
Sandalwood Securities Founder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 / /
 10 / 05 / 2015
Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Van D. Hipp Jr.

Mailing Address 809 North Quaker Lane

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
American Defense Int. Inc. Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 / /
 09 / 28 / 2015
Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
C. James M. Rose Sr. LLC

Mailing Address 4500 E. Dixon Blvd.

City State Zip Code
Shelby NC 28150

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17700.00

Date of Receipt
 / /
 08 / 21 / 2015
Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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 12 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. James M. Rose Sr. LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4500 E. Dixon Blvd.
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 22700.00

Date of Receipt 08 / 21 / 2015
Transaction ID : SA11AI.4680
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. Peter S. Kalikow
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Park Ave., 25th Floor
 City New York State NY Zip Code 10178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 H.J. Kalikow & Co., LLC President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 83800.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11AI.4674
 Amount of Each Receipt this Period 83800.00
 Memo Item Contribution

C. George Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 Madison Ave.
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Park Tower Group Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 29 / 2015
Transaction ID : SA11AI.4707
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 98800.00
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 13 OF 124
	<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)
Security Is Strength PAC

A. MH Media, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 282 35th Street
 City Avalon State NJ Zip Code 08202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15083.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11AI.5058
 Amount of Each Receipt this Period
 15083.00
 Memo Item
 In-kind contribution--see Schedule E entry of same date

B. Steven W. Naifeh
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 First Ave. SW
 City Aiken State SC Zip Code 29801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Best Lawyers LLC CEO
 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
 11 / 23 / 2015
Transaction ID : SA11AI.4713
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Contribution

C. Ronald O. Perelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 East 62nd Street
 City New York State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MacAndrews & Forbes Owner, Chairman, CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.4769
 Amount of Each Receipt this Period
 100000.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	120083.00
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 14 OF 124
	<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)
Security Is Strength PAC

A. Reagan Reaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 98 San Jacinto Blvd.
 City Austin State TX Zip Code 78701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reaud & Associates Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **35000.00**

Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.4708
 Amount of Each Receipt this Period **10000.00**
 Memo Item
 Contribution

B. J. Christopher Reyes
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 S. Flagler Dr., Suite 1500
 Phillips Point West Tower
 City West Palm Beach State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reyes Holdings, LLC Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : SA11AI.4770
 Amount of Each Receipt this Period **5000.00**
 Memo Item
 Contribution

C. M. Jude Reyes
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 S. Flagler Drive
 Suite 1500
 City West Palm Beach State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reyes Holdings, LLC Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : SA11AI.4771
 Amount of Each Receipt this Period **5000.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	20000.00
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 15 OF 124
	<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)
Security Is Strength PAC

A. William G. Rosenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 Queensferry Rd.
 City Cary State NY Zip Code 27511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E3 Gasification, LLC Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : SA11AI.4698
 Amount of Each Receipt this Period **10000.00**
 Memo Item
 Contribution

B. Stephen M. Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Columbus Circle, PH 80
 City New York State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Related Companies Occupation Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **12500.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.4767
 Amount of Each Receipt this Period **12500.00**
 Memo Item
 Contribution

C. SC Conservative Action Alliance
 Full Name (Last, First, Middle Initial)
 Mailing Address 141-F Pelham Drive Suite 289
 City Columbia State SC Zip Code 29209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **140000.00**

Date of Receipt **09 / 21 / 2015**
Transaction ID : SA11AI.4695
 Amount of Each Receipt this Period **140000.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	162500.00
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 16 OF 124
	(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)
Security Is Strength PAC

A. Ron and Vicki Simms
 Full Name (Last, First, Middle Initial)
 Mailing Address 9320 Wilshire Blvd. #300
 City Beverly Hills State CA Zip Code 90212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simms, Inv. Occupation Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **18000.00**

Date of Receipt **08 / 05 / 2015**
Transaction ID : SA11AI.4673
 Amount of Each Receipt this Period **18000.00**
 Memo Item
 Contribution

B. Harry E. Sloan
 Full Name (Last, First, Middle Initial)
 Mailing Address 21600 Oxnard St. Suite 500
 City Woodland Hills State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Global Eagle Acquisition Corp Occupation Business Professional
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25000.00**

Date of Receipt **07 / 06 / 2015**
Transaction ID : SA11AI.4663
 Amount of Each Receipt this Period **25000.00**
 Memo Item
 Contribution

C. Shannon Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Colville Rd.
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abundant Power Occupation Clean Energy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **7500.00**

Date of Receipt **07 / 03 / 2015**
Transaction ID : SA11AI.4662
 Amount of Each Receipt this Period **7500.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	50500.00
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 17 OF 124
	<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)
Security Is Strength PAC

A. J. Ronald Terwilliger
Full Name (Last, First, Middle Initial)

Mailing Address 1 Osprey Lane

City Key Largo State FL Zip Code 33037

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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
10000.00

Memo Item Contribution

B. Walden Industrial Capital LLC
Full Name (Last, First, Middle Initial)

Mailing Address 16830 Ventura Blvd. Suite 400

City Encino State CA Zip Code 91436

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

Name of Employer Occupation

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
 07 / 24 / 2015

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

C. Robert J. Zingrabe
Full Name (Last, First, Middle Initial)

Mailing Address 4100 MacArthur Blvd. Suite 310

City Newport Beach State CA Zip Code 92660

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

Name of Employer Zinn Group Occupation President

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
 11 / 02 / 2015

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	15500.00
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 18 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Full Name (Last, First, Middle Initial)
Anita Zucker

Mailing Address 16 Buckingham Drive

City Charleston State SC Zip Code 29407

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

Name of Employer Intertech Group, Inc. Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
40000.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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).....▶	40000.00
TOTAL This Period (last page this line number only).....▶	1241716.33

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

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

FOR LINE NUMBER: PAGE 19 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)
A. Advance America Cash Advance Centers Inc. PAC
 Mailing Address 135 N. Church Street
 City Spartanburg State SC Zip Code 29306
 FEC ID number of contributing federal political committee. **C C00429001**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11C.4705
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 Contribution

Full Name (Last, First, Middle Initial)
B. Chicago Bridge & Iron Co. Political Action Committee
 Mailing Address 1050 K Street, NW Suite 620
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C C00104885**
 Name of Employer Occupation
 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
 10 / 19 / 2015
Transaction ID : SA11C.4703
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Contribution

Full Name (Last, First, Middle Initial)
C. The Boeing Company Political Action Committee
 Mailing Address 929 Long Bridge Drive
 City Arlington State VA Zip Code 22202
 FEC ID number of contributing federal political committee. **C C00142711**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11C.4688
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 57500.00
TOTAL This Period (last page this line number only)..... ▶ 57500.00

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
Travel and office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. idonate Pro

Mailing Address 2033 San Elijo Ave. #203

City Cardiff by the Sea State CA Zip Code 92007

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.1

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4682

The remaining \$1,035.72 in expense reimbursements to Bluebonnet Fundraising were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Delta Air Lines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. St. Regis Deer Valley

Mailing Address 2300 Deer Valley Drive East

City Park City State UT Zip Code 84060

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.4

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. St. Regis Deer Valley

Mailing Address 2300 Deer Valley Drive East

City Park City State UT Zip Code 84060

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.6

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Annabelle Inn

Mailing Address 232 W. Main Street

City Aspen State CO Zip Code 81611

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.7

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Category/
Type

Candidate Name

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
06	/	16	/	2015

Transaction ID : SB21B.4682.8

Amount of Each Disbursement this Period

852.10

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Category/
Type

Candidate Name

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
06	/	17	/	2015

Transaction ID : SB21B.4682.9

Amount of Each Disbursement this Period

879.10

Memo Item

Full Name (Last, First, Middle Initial)

C. FedEx Office

Mailing Address 1512 14th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Office expense reimbursement

Category/
Type

Candidate Name

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
06	/	24	/	2015

Transaction ID : SB21B.4682.10

Amount of Each Disbursement this Period

283.46

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. San Mateo Marriott San Francisco Airport

Mailing Address 1770 S Amphlett Blvd.

City San Mateo State CA Zip Code 94402

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.4682.11**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.4682.14**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.4682.15**

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2015

Transaction ID : SB21B.4682.16

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SB21B.4682.17

Amount of Each Disbursement this Period

231.99

Memo Item

Full Name (Last, First, Middle Initial)

C. idonate Pro

Mailing Address 2033 San Elijo Ave. #203

City Cardiff by the Sea State CA Zip Code 92007

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.4682.18

Amount of Each Disbursement this Period

375.00

Memo Item

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

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

0.00

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4682.19

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4755

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4864

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
Travel, subsistence, and office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4869

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4869.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FedEx Office

Mailing Address 1512 14th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4869.1

Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4869

The remaining \$205.06 in expense reimbursements to Bluebonnet Fundraising were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. idonate Pro

Mailing Address 2033 San Elijo Ave. #203

City Cardiff by the Sea State CA Zip Code 92007

Purpose of Disbursement
Office expense reimbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.4869.2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Live Nation Worldwide, Inc.

Mailing Address 9348 Civic Center Drive

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Fundraiser--entertainment

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.4869.3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. New York Marriot Marquis

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement
Travel/subsistence reimbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.4869.4

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. New York Marriot Marquis

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4869.5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. StubHub

Mailing Address 199 Fremont Street
Floor 4

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Fundraiser--entertainment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4869.6

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4869.7

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Vista Print

Mailing Address 95 Hayden Ave.

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4869.8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4865

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4880

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. idonate Pro

Mailing Address 2033 San Elijo Ave. #203

City Cardiff by the Sea State CA Zip Code 92007

Purpose of Disbursement
Office expense reimbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB21B.4880.0

Amount of Each Disbursement this Period

375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.4866

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
Travel, subsistence, and office expense reimbursement

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.4882

Amount of Each Disbursement this Period

2634.48

Memo Item

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

12634.48

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial) A. Bistro Cacao Restaurant		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 320 Massachusetts Ave NE		Transaction ID : SB21B.4882.0
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Subsistence expense reimbursement	Amount of Each Disbursement this Period 1236.30
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Charleston Marriott		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address 170 Lockwood Boulevard		Transaction ID : SB21B.4882.1
City Charleston	State SC	
Zip Code 29403	Purpose of Disbursement Travel expense reimbursement	Amount of Each Disbursement this Period 215.51
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. idonate Pro		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 2033 San Elijo Ave. #203		Transaction ID : SB21B.4882.2
City Cardiff by the Sea	State CA	
Zip Code 92007	Purpose of Disbursement Office expense reimbursement	Amount of Each Disbursement this Period 375.00
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

0.00

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4882.3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4867

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4868

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Jordan C. Bressler

Mailing Address 25 Cape May Pt.

City Greensboro State SC Zip Code 27455

Purpose of Disbursement
Website hosting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4990

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jordan C. Bressler

Mailing Address 25 Cape May Pt.

City Greensboro State SC Zip Code 27455

Purpose of Disbursement
Media placement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4986

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Why People Click

Mailing Address 824 Raintree Ct.

City Randleman State NC Zip Code 27317

Purpose of Disbursement
Media placement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4986.0

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Jordan C. Bressler

Mailing Address 25 Cape May Pt.

City Greensboro State SC Zip Code 27455

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4991

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jordan C. Bressler

Mailing Address 25 Cape May Pt.

City Greensboro State SC Zip Code 27455

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4992

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Jordan C. Bressler

Mailing Address 25 Cape May Pt.

City Greensboro State SC Zip Code 27455

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4993

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Jordan C. Bressler

Mailing Address 25 Cape May Pt.

City Greensboro State SC Zip Code 27455

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4994

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jordan C. Bressler

Mailing Address 25 Cape May Pt.

City Greensboro State SC Zip Code 27455

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4995

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hon. Norman Coleman Jr.

Mailing Address 909 Osceola Ave.

City St. Paul State MN Zip Code 55105

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4783

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. In Transit Studios

Mailing Address 4260 Farr Ct.

City Grove City State OH Zip Code 43123

Purpose of Disbursement
Website services

004

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.4999

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. In Transit Studios

Mailing Address 4260 Farr Ct.

City Grove City State OH Zip Code 43123

Purpose of Disbursement
Website services

004

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : SB21B.5000

Amount of Each Disbursement this Period

240.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.4739

Amount of Each Disbursement this Period

18000.00

Memo Item

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

21240.00

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel and office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 5675

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740.1

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4740

The remaining \$858.46 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement
Office expense reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4740.2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4740.3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4740.4

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740.5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotel Tonight

Mailing Address 901 Market St #310

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740.6

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. San Mateo Marriott San Francisco Airport

Mailing Address 1770 S Amphlett Blvd.

City San Mateo State CA Zip Code 94402

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740.7

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Avis Rent a Car

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740.8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4740.9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4808

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel and office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4814

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel exepnse reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4814.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel exepnse reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4814.1

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4814

The remaining \$344.10 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel exepnse reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Transaction ID : SB21B.4814.2

Amount of Each Disbursement this Period

1	0	3	0	7
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel exepnse reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : SB21B.4814.3

Amount of Each Disbursement this Period

3	4	5	.	2	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel exepnse reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Transaction ID : SB21B.4814.4

Amount of Each Disbursement this Period

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

Memo Item

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

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

0	0	0
---	---	---

0	0	0
---	---	---

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4814.5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4809

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel, subsistence, and office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4821

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4821

The remaining \$306.39 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4821.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. New York Marriot Marquis

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4821.1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4821.2

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4810

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel/subsistence reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4825

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4825.0

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4825

The remaining \$248.21 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.4825.1

Amount of Each Disbursement this Period

83.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.4825.2

Amount of Each Disbursement this Period

16.25

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.4825.3

Amount of Each Disbursement this Period

15.49

Memo Item

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

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

0.00

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4825.4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4825.5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. New York Marriot Marquis

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4825.6

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Spirit Airlines

Mailing Address 2800 Executive Way

City Miramar State FL Zip Code 33025

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4825.7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel, subsistence and office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 5675

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.0

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4836

The remaining \$606.54 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 5675

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	5		

Transaction ID : SB21B.4836.1

Amount of Each Disbursement this Period

4	4	5	.	1	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	5		

Transaction ID : SB21B.4836.2

Amount of Each Disbursement this Period

1	5	8	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Charleston Marriott

Mailing Address 170 Lockwood Boulevard

City Charleston State SC Zip Code 29403

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	1	5		

Transaction ID : SB21B.4836.3

Amount of Each Disbursement this Period

2	2	9	.	9	3
---	---	---	---	---	---

Memo Item

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

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

0	0	0
---	---	---

0	0	0
---	---	---

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Kiawah Island Golf Resort

Mailing Address 1 Sanctuary Beach Dr.

City State Zip Code
Kiawah Island SC 29455

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kiawah Island Golf Resort

Mailing Address 1 Sanctuary Beach Dr.

City State Zip Code
Kiawah Island SC 29455

Purpose of Disbursement
Facility rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Kiawah Island Golf Resort

Mailing Address 1 Sanctuary Beach Dr.

City State Zip Code
Kiawah Island SC 29455

Purpose of Disbursement
Subsistence reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.6

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.9

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. New York Marriot Marquis

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Transaction ID : SB21B.4836.10

Amount of Each Disbursement this Period

805.61

Memo Item

Full Name (Last, First, Middle Initial)

B. Sixt Franchise USA

Mailing Address 2900 S Federal Hwy

City Fort Lauderdale State FL Zip Code 33316

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Transaction ID : SB21B.4836.11

Amount of Each Disbursement this Period

256.68

Memo Item

Full Name (Last, First, Middle Initial)

C. Trattoria Trecolori

Mailing Address 254 W 47th St.

City New York State NY Zip Code 10036

Purpose of Disbursement
Subsistence reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Transaction ID : SB21B.4836.13

Amount of Each Disbursement this Period

305.83

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.14

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.15

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement
Office expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4836.16

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4811

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4812

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4786

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.4890

Amount of Each Disbursement this Period

5426.25

Memo Item

Full Name (Last, First, Middle Initial)

B. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.4891

Amount of Each Disbursement this Period

5562.71

Memo Item

Full Name (Last, First, Middle Initial)

C. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.4892

Amount of Each Disbursement this Period

1064.98

Memo Item

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

12053.94

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4893

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Market Research Insight

Mailing Address 362 Gulf Breeze Pkwy.
Suite 106

City Gulf Breeze State FL Zip Code 32561

Purpose of Disbursement
Polling

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5001

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MH Media, LLC

Mailing Address 282 35th Street

City Avalon State NJ Zip Code 08202

Purpose of Disbursement
Production costs for website video content

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4773

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. MH Media, LLC

Mailing Address 282 35th Street

City Avalon State NJ Zip Code 08202

Purpose of Disbursement
Production costs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5024

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MH Media, LLC

Mailing Address 282 35th Street

City Avalon State NJ Zip Code 08202

Purpose of Disbursement
Production costs for website video content

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5021

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew Nichols

Mailing Address 5500 Sylvan Dr.

City Columbia State SC Zip Code 29206

Purpose of Disbursement
Travel expense reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4974

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4974

The remaining \$548.24 in expense reimbursements to Mr. Nichols were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4974.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4974.1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4974.2

Amount of Each Disbursement this Period

Memo Item

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Matthew Nichols

Mailing Address 5500 Sylvan Dr.

City Columbia State SC Zip Code 29206

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	5		

Transaction ID : SB21B.4978

Amount of Each Disbursement this Period

2	2	4	8	.	4	3
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Alamo Car rental

Mailing Address 1 Airport Rd.

City Manchester State NH Zip Code 03103

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	3			2	0	1	5		

Transaction ID : SB21B.4978.0

Amount of Each Disbursement this Period

2	1	9	.	3	2
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	1	5		

Transaction ID : SB21B.4978.1

Amount of Each Disbursement this Period

2	8	3	.	2	0
---	---	---	---	---	---

Memo Item

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

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

2	2	4	8	.	4	3
---	---	---	---	---	---	---

2	1	9	.	3	2
---	---	---	---	---	---

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

Form/Schedule: SB21B

Transaction ID : SB21B.4978

The remaining \$431.78 in expense reimbursements to Mr. Nichols were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 26 / 2015

Transaction ID : SB21B.4978.2

Amount of Each Disbursement this Period
683.43

Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.4978.3

Amount of Each Disbursement this Period
630.70

Memo Item

Full Name (Last, First, Middle Initial)

C. On Point Strategy, LLC

Mailing Address 5500 Sylvan Dr.

City Columbia State SC Zip Code 29206

Purpose of Disbursement
Database services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 24 / 2015

Transaction ID : SB21B.5002

Amount of Each Disbursement this Period
8250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8250.00

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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. On Point Strategy, LLC

Mailing Address 5500 Sylvan Dr.

City Columbia State SC Zip Code 29206

Purpose of Disbursement
Database services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5003

Amount of Each Disbursement this Period

Memo Item

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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 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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Avenue Ventures

Mailing Address 10166 Rush Street

City South El Monte State CA Zip Code 91733

Purpose of Disbursement
Refund of contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.4997

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4788

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4789

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4790

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4791

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4792

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4793

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4794

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4795

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4796

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.4797**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.4798**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.4775**

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4776

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4778

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4779

Amount of Each Disbursement this Period

Memo Item

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4780

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4781

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4782

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 124
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MH Media, LLC	Nature of Debt (Purpose): Radio buy overcharge
Mailing Address 282 35th Street	
City State Zip Code Avalon NJ 08202	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD9.5026	
Amount Incurred This Period 9990.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9990.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	9990.00
2) TOTALS This Period (last page this line number only)..... ▶	9990.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9990.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee 406 Enterprises LLC
Mailing Address PO Box 75727
City Washington State DC Zip Code 20013
Purpose of Expenditure Mobile advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1565026.41
Date of Public Distribution/Dissemination 09/08/2015
Amount 106970.41
Transaction ID: SE.4895
Date of Disbursement or Obligation 09/03/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee 406 Enterprises LLC
Mailing Address PO Box 75727
City Washington State DC Zip Code 20013
Purpose of Expenditure Mobile advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1615964.70
Date of Public Distribution/Dissemination 10/02/2015
Amount 50938.29
Transaction ID: SE.4896
Date of Disbursement or Obligation 10/01/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 157908.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature William L. Bethea Jr. [Electronically Filed] Date 06/02/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

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

Full Name of Payee 406 Enterprises LLC
Mailing Address PO Box 75727
City Washington State DC Zip Code 20013
Purpose of Expenditure Mobile advertisting (placement)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 26668.44
Date of Public Distribution/Dissemination 11/09/2015
Amount 24352.96
Transaction ID : SE.4897
Date of Disbursement or Obligation 11/09/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee 406 Enterprises LLC
Mailing Address PO Box 75727
City Washington State DC Zip Code 20013
Purpose of Expenditure Mobile advertisting (placement)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 179001.43
Date of Public Distribution/Dissemination 11/09/2015
Amount 901.96
Transaction ID : SE.4898
Date of Disbursement or Obligation 11/09/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 25254.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature William L. Bethea Jr. [Electronically Filed] Date 06/02/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 75727	Amount 901.96
City State Zip Code Washington DC 20013	
Purpose of Expenditure Mobile advertisting (placement) <input type="checkbox"/> Category/Type 004	Transaction ID : SE.4899 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 3217.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 75727	Amount 901.96
City State Zip Code Washington DC 20013	
Purpose of Expenditure Mobile advertisting (placement) <input type="checkbox"/> Category/Type 004	Transaction ID : SE.4900 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015
Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 2103715.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1803.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr. [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 75727	Amount 901.96
City State Zip Code Washington DC 20013	
Purpose of Expenditure Mobile advertisting (placement) Category/Type 004	Transaction ID : SE.4902 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought 3217.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 75727	Amount 901.96
City State Zip Code Washington DC 20013	
Purpose of Expenditure Mobile advertisting (placement) Category/Type 004	Transaction ID : SE.4903 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 3217.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1803.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 75727	Amount 8117.64
City State Zip Code Washington DC 20013	Transaction ID : SE.4905 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure Mobile advertisting (placement) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought 10433.12	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 75727	Amount 2705.88
City State Zip Code Washington DC 20013	Transaction ID : SE.4906 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure Mobile advertisting (placement) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought 5021.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10823.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 75727	Amount 6313.72
City State Zip Code Washington DC 20013	Transaction ID : SE.4907 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure Mobile advertisting (placement) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 12029.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee 406 Enterprises LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address PO Box 75727	Amount 28496.00
City State Zip Code Washington DC 20013	Transaction ID : SE.4908 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Purpose of Expenditure Mobile advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 2882404.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34809.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4910 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4911 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
2315.47	

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
2315.47	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.48
City State Zip Code Paeonian Springs VA 20129	
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
2315.48	

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
2315.47	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4916 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: CT
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4917 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: DE
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.48
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4918 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 2315.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4919 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount <input type="text"/> 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4920 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type <input type="text"/> 004	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lindsey O. Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount <input type="text"/> 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4922 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type <input type="text"/> 004	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lindsey O. Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: HI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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

William L. Bethea Jr. [Electronically Filed] Date / /
06 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Office Sought: President State: ID
Calendar Year-To-Date Per Election for Office Sought 2315.47
Disbursement For: Primary 2016

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Office Sought: President State: IL
Calendar Year-To-Date Per Election for Office Sought 2315.47
Disbursement For: Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature William L. Bethea Jr. [Electronically Filed] Date 06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Office Sought: President State: IN
Calendar Year-To-Date Per Election for Office Sought 2315.47
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID: SE.4925
Date of Disbursement or Obligation 11/06/2015
Disbursement For: Primary

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 178099.47
Date of Public Distribution/Dissemination 11/10/2015
Amount 7565.47
Transaction ID: SE.4926
Date of Disbursement or Obligation 11/06/2015
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 9880.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature William L. Bethea Jr. [Electronically Filed] Date 06/02/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4929 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4931 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	Transaction ID : SE.4932 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	Transaction ID : SE.4933 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4934 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4935 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr. **[Electronically Filed]** Date **06 / 02 / 2016**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	Transaction ID : SE.4936 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	Transaction ID : SE.4938 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr. **[Electronically Filed]** Date **06 / 02 / 2016**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4944 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4945 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.48
City State Zip Code Paeonian Springs VA 20129	Transaction ID : SE.4946 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought 2315.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City State Zip Code Paeonian Springs VA 20129	Transaction ID : SE.4947 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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William L. Bethea Jr.

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 10 / 2015 </div>						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2315.47 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>	City	State	Zip Code	Paeonian Springs	VA	20129	Transaction ID : SE.4948 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2015 </div>
City	State	Zip Code					
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising	Category/Type 004						
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2315.47 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 10 / 2015 </div>						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2315.47 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>	City	State	Zip Code	Paeonian Springs	VA	20129	Transaction ID : SE.4950 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 06 / 2015 </div>
City	State	Zip Code					
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising	Category/Type 004						
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2315.47 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 4630.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> M M / D D / Y Y Y Y Y Y </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> M M / D D / Y Y Y Y Y Y </div>

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William L. Bethea Jr.
 Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2315.47

Date of Public Distribution/Dissemination 11 / 10 / 2015
Amount 2315.47
Transaction ID : SE.4951
Date of Disbursement or Obligation 11 / 06 / 2015
Office Sought: House District:
President Senate State: OK
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2315.47

Date of Public Distribution/Dissemination 11 / 10 / 2015
Amount 2315.47
Transaction ID : SE.4952
Date of Disbursement or Obligation 11 / 06 / 2015
Office Sought: House District:
President Senate State: OR
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature William L. Bethea Jr. [Electronically Filed] Date 06 / 02 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CCAN Media, LLC	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination 11 / 10 / 2015
Mailing Address 40055 Glenmore Court		Amount 2315.47
City Paeonian Springs	State VA	
Purpose of Expenditure Television advertising	Category/Type 004	Date of Disbursement or Obligation 11 / 06 / 2015
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CCAN Media, LLC	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination 11 / 10 / 2015
Mailing Address 40055 Glenmore Court		Amount 2315.47
City Paeonian Springs	State VA	
Purpose of Expenditure Television advertising	Category/Type 004	Date of Disbursement or Obligation 11 / 06 / 2015
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr.
 Signature _____ [Electronically Filed] Date 06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 9565.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4955 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 9565.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4956 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11880.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr.
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 06 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee CCAN Media, LLC	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 40055 Glenmore Court		Amount <input type="text"/>
City Paeonian Springs	State VA	Zip Code 20129
Purpose of Expenditure Television advertising	Category/Type <input type="text"/> 004	Transaction ID : SE.4957 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TN </u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CCAN Media, LLC	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 40055 Glenmore Court		Amount <input type="text"/>
City Paeonian Springs	State VA	Zip Code 20129
Purpose of Expenditure Television advertising	Category/Type <input type="text"/> 004	Transaction ID : SE.4959 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TX </u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 2315.47	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"/> 4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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

Signature William L. Bethea Jr. [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4960 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4961 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr. **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4962
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: VA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4963
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: WA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature William L. Bethea Jr. [Electronically Filed] Date 06/02/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support
Office Sought: President State: WV
Disbursement For: Primary 2016
Amount 2315.47
Transaction ID: SE.4964
Date of Disbursement or Obligation 11/06/2015

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support
Office Sought: President State: WI
Disbursement For: Primary 2016
Amount 5715.47
Transaction ID: SE.4965
Date of Disbursement or Obligation 11/06/2015

(a) SUBTOTAL of Itemized Independent Expenditures 8030.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature William L. Bethea Jr. [Electronically Filed] Date 06/02/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 40055 Glenmore Court	Amount 2315.47
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4966 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Television advertising Category/Type 001	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 282 35th Street	Amount 372284.00
City Avalon State NJ Zip Code 08202	Transaction ID : SE.4802 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2015
Purpose of Expenditure Television advertising (placement costs) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 372284.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	374599.47
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr.
Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 282 35th Street	Amount 127716.00
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Television advertising (placement costs)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
165216.00	

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 282 35th Street	Amount 10324.00
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Television advertising (production costs)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
382608.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	138040.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr.

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 282 35th Street	Amount 5318.00
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Television advertising (production costs)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
170534.00	

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address 282 35th Street	Amount 1075448.00
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Television advertising (placement costs)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 28 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
1458056.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1080766.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

William L. Bethea Jr.

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2015
Mailing Address 282 35th Street	Amount 41000.00 Transaction ID : SE.4968
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Television advertising (placement costs)	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2015
Name of Federal Candidate Lindsey O. Graham	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
	2025964.70

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2015
Mailing Address 282 35th Street	Amount 30000.00 Transaction ID : SE.4969
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Radio advertising (placement costs)	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2015
Name of Federal Candidate Lindsey O. Graham	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
	2055964.70

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	440000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr.

Signature _____ **[Electronically Filed]** Date **06 / 02 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 </div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 1242.00 </div>
City Avalon State NJ Zip Code 08202	Transaction ID : SE.4972 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div>
Purpose of Expenditure Radio advertising (production costs) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 2057206.70 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 12197.00 </div>
City Avalon State NJ Zip Code 08202	Transaction ID : SE.4973 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 </div>
Purpose of Expenditure Television advertising (production costs) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 2069403.70 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 13439.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 _____ </div>

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

William L. Bethea Jr.

 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure In-kind: television advertising (production costs)
Category/Type 004
Date of Public Distribution/Dissemination 09/14/2015
Amount 15083.00
Transaction ID: SE.5059
Date of Disbursement or Obligation 10/02/2015
Name of Federal Candidate Lindsey O. Graham
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 2084486.70

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)
Category/Type 004
Date of Public Distribution/Dissemination 11/09/2015
Amount 193.73
Transaction ID: SE.5010
Date of Disbursement or Obligation 11/11/2015
Name of Federal Candidate Lindsey O. Graham
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 179195.16

(a) SUBTOTAL of Itemized Independent Expenditures 15276.73
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature William L. Bethea Jr. [Electronically Filed] Date 06/02/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / / / / / /

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination 11 / 09 / 2015
Mailing Address 282 35th Street	Amount 193.73
City Avalon State NJ Zip Code 08202	Transaction ID : SE.5011 Date of Disbursement or Obligation 11 / 11 / 2015
Purpose of Expenditure Mobile advertising (production cost) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 2103908.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination 11 / 09 / 2015
Mailing Address 282 35th Street	Amount 193.73
City Avalon State NJ Zip Code 08202	Transaction ID : SE.5012 Date of Disbursement or Obligation 11 / 11 / 2015
Purpose of Expenditure Mobile advertising (production cost) Category/Type 004	Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought 3411.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	387.46
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature William L. Bethea Jr. *[Electronically Filed]* Date 06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 282 35th Street	Amount 193.73
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Mobile advertising (production cost) Category/Type 004	Transaction ID : SE.5013 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 11 / 2015
Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 3411.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 282 35th Street	Amount 193.73
City State Zip Code Avalon NJ 08202	
Purpose of Expenditure Mobile advertising (production cost) Category/Type 004	Transaction ID : SE.5014 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 11 / 2015
Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 3411.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	387.46
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 </div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 581.18 </div>
City Avalon State NJ Zip Code 08202	Transaction ID : SE.5015 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 11 / 11 / 2015 </div>
Purpose of Expenditure Mobile advertising (production cost)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 5602.53 </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 11 / 09 / 2015 </div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 1356.08 </div>
City Avalon State NJ Zip Code 08202	Transaction ID : SE.5017 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y 11 / 11 / 2015 </div>
Purpose of Expenditure Mobile advertising (production cost)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 13385.27 </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 1937.26 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M _____ </div>

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

William L. Bethea Jr.
[Electronically Filed]

Signature _____ Date
M M M M / D D D D / Y Y Y Y Y Y
 06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC		FEC IDENTIFICATION NUMBER C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015
Mailing Address 282 35th Street		Amount 1743.53
City Avalon	State NJ	Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)	Category/Type 004	Transaction ID : SE.5018 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2015
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	12176.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MH Media, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015
Mailing Address 282 35th Street		Amount 5230.56
City Avalon	State NJ	Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)	Category/Type 004	Transaction ID : SE.5020 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2015
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	31899.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6974.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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William L. Bethea Jr.

Signature _____ [Electronically Filed] Date **06 / 02 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Wilson Grand Communications <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 429 St. Asaph Street	Amount 50000.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Cable advertising (placement)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
2603908.86	

Full Name of Payee Wilson Grand Communications <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 429 St. Asaph Street	Amount 250000.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Cable advertising (placement)	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015
Name of Federal Candidate Lindsey O. Graham	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
2853908.86	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	750000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr.

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Wilson Grand Communications <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 429 St. Asaph Street	Amount 5000.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Cable advertising (production)	Transaction ID : SE.5005 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 2887404.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Wilson Grand Communications <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 429 St. Asaph Street	Amount 250000.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Cable advertising (placement)	Transaction ID : SE.5008 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 3137404.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	255000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

William L. Bethea Jr. [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Wilson Grand Communications <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 429 St. Asaph Street	Amount 10000.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure Cable advertising (production) Category/Type 004	Transaction ID : SE.5009 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate Lindsey O. Graham <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 3147404.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3466896.70

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.

William L. Bethea Jr. [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Signature _____