

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Security Is Strength PAC

ADDRESS (number and street) 51 Peninsula Drive

Check if different than previously reported. (ACC) Hilton Head Island SC 29926

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00573733

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 01 / 29 / 2016

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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="1284599.33"/>	<input type="text" value="4182034.33"/>
(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="4030992.55"/>	<input type="text" value="4182034.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3780394.49"/>	<input type="text" value="3931436.27"/>
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: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	1226633.33	3923308.33
(ii) Unitemized	466.00	1226.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1227099.33	3924534.33
(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)	1284599.33	4182034.33
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))..... ▶	1284599.33	4182034.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1284599.33	4182034.33

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)	3451813.70	3489313.70
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)) ..	3780394.49	3931436.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3780394.49	3931436.27

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)	1284599.33	4182034.33
34. Total Contribution Refunds (from Line 28(d))	25000.00	25000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1259599.33	4157034.33
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 122
	(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 7 OF 122
	<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. Jeff T. Blau
Full Name (Last, First, Middle Initial)

Mailing Address 200 East 94th St.
Apt. 1617

City New York State NY Zip Code 10128

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

Name of Employer Occupation
Related Companies CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

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

Transaction ID : SA11AI.4768

Amount of Each Receipt this Period
12500.00

Memo Item
Contribution

B. Douglas G. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1402 Stone Gate Dr.

City Shelby State NC Zip Code 28150

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

Name of Employer Occupation
RST Owner

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
08 / 21 / 2015

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

C. John T. Cahill
Full Name (Last, First, Middle Initial)

Mailing Address 2 Ladson Street

City Charleston State SC Zip Code 29401

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

Name of Employer Occupation
Kraft Foods Group, Inc. Business

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
07 / 01 / 2015

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
10000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 27500.00

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 122
	<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
 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
 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
 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 122
	<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. 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 122
	(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

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
M M M / D D D / Y Y Y Y Y Y
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
M M M / D D D / Y Y Y Y Y Y
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
M M M / D D D / Y Y Y Y Y Y
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 122
(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: PAGE 13 OF 122
(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. Steven W. Naifeh

Mailing Address 129 First Ave. SW

City State Zip Code
Aiken SC 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
 / /
 11 / 23 / 2015

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Ronald O. Perelman

Mailing Address 35 East 62nd Street

City State Zip Code
New York NY 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
 / /
 12 / 15 / 2015

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period
100000.00

Memo Item
Contribution

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

Mailing Address 98 San Jacinto Blvd.

City State Zip Code
Austin TX 78701

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

Name of Employer Occupation
Reaud & Associates 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

SUBTOTAL of Receipts This Page (optional)..... ▶ 115000.00

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 122
	<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. 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

B. 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

C. 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

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 122
	<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. 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 Occupation
 Related Companies Chairman
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 12500.00

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

B. 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.4695
 Amount of Each Receipt this Period
 140000.00
 Memo Item
 Contribution

C. 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 Occupation
 Simms, Inv. Real Estate
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 18000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	170500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 122
	<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. 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

B. 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

C. 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 **12 / 11 / 2015**
Transaction ID : SA11AI.4766
 Amount of Each Receipt this Period **10000.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	42500.00
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 18 OF 122
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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) ▼

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) ▼

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) ▼

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

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	6		1	6		2	0	1	5

Transaction ID : SB21B.4682.8

Amount of Each Disbursement this Period

8	5	2	.	1	0
---	---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : SB21B.4682.9

Amount of Each Disbursement this Period

8	7	9	.	1	0
---	---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : SB21B.4682.10

Amount of Each Disbursement this Period

2	8	3	.	4	6
---	---	---	---	---	---

Memo Item

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

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

0	0	0
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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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SB21B.4682.11

Amount of Each Disbursement this Period

335.88

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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SB21B.4682.14

Amount of Each Disbursement this Period

549.07

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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SB21B.4682.15

Amount of Each Disbursement this Period

25.00

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. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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)..... ▶

0.00

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. 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) ▼

002
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) ▼

002
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) ▼

002
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 `F9DCFH`G7 <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
State: District:

Disbursement For: Primary General Other (specify) ▼

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
State: District:

Disbursement For: Primary General Other (specify) ▼

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
State: District:

Disbursement For: Primary General Other (specify) ▼

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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.4869.5

Amount of Each Disbursement this Period

31.04

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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2015

Transaction ID : SB21B.4869.6

Amount of Each Disbursement this Period

597.99

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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.4869.7

Amount of Each Disbursement this Period

451.50

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. 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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

Mailing Address 320 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Subsistence 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.4882.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

/ /

Transaction ID : SB21B.4882.1

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4882.2

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. 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. 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
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : SB21B.4783.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MN Airlines LLC, dba Sun Country Airlines

Mailing Address 1300 Mendota Heights Road

City Mendota Heights State MN Zip Code 55120

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
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : SB21B.4783.1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DT Client Services

Mailing Address 735 8th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
List acquisition

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.4998

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4999

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5000

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4739

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.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

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	6		1	8		2	0	1	5

Transaction ID : SB21B.4740.2

Amount of Each Disbursement this Period

1	6	2	7	1
---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : SB21B.4740.3

Amount of Each Disbursement this Period

5	1	2	1	0
---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : SB21B.4740.4

Amount of Each Disbursement this Period

5	2	5	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. 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-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4814.2

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 exepnse reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4814.3

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 exepnse reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4814.4

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. 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : SB21B.4821.0

Amount of Each Disbursement this Period

3	9	6	.	0	0
---	---	---	---	---	---

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

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

Transaction ID : SB21B.4821.1

Amount of Each Disbursement this Period

3	4	9	.	8	8
---	---	---	---	---	---

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

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

Transaction ID : SB21B.4821.2

Amount of Each Disbursement this Period

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

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. 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

/ /

Transaction ID : SB21B.4825.1

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.4825.2

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) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4825.3

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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.4825.4

Amount of Each Disbursement this Period

20.78

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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.4825.5

Amount of Each Disbursement this Period

44.51

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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2015

Transaction ID : SB21B.4825.6

Amount of Each Disbursement this Period

346.61

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. 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	/	D	D	/	Y	Y	Y	Y
10			06			2015			

Transaction ID : SB21B.4836.1

Amount of Each Disbursement this Period

445.10

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	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Transaction ID : SB21B.4836.2

Amount of Each Disbursement this Period

158.00

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	/	D	D	/	Y	Y	Y	Y
10			03			2015			

Transaction ID : SB21B.4836.3

Amount of Each Disbursement this Period

229.93

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. 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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.4836.7

Amount of Each Disbursement this Period

33.52

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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.4836.8

Amount of Each Disbursement this Period

26.12

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
10 / 06 / 2015

Transaction ID : SB21B.4836.9

Amount of Each Disbursement this Period

33.62

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. 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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
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) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
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

**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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

/ /

Transaction ID : SB21B.4978

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.4978.0

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.4978.1

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.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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Transaction ID : SB21B.4978.2

Amount of Each Disbursement this Period

6	8	3	.	4	3
---	---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Transaction ID : SB21B.4978.3

Amount of Each Disbursement this Period

6	3	0	.	7	0
---	---	---	---	---	---

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	5

Transaction ID : SB21B.5002

Amount of Each Disbursement this Period

8	2	5	0	.	0	0
---	---	---	---	---	---	---

Memo Item

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

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

8	2	5	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

Category/
Type

Candidate Name

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

Category/
Type

Candidate Name

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

Category/
Type

Candidate Name

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

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB29.4776

Amount of Each Disbursement this Period

1.48

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

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB29.4778

Amount of Each Disbursement this Period

8.10

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

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SB29.4779

Amount of Each Disbursement this Period

2.70

Memo Item

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

12.28

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

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB29.4780

Amount of Each Disbursement this Period

1.48

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

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB29.4781

Amount of Each Disbursement this Period

5.15

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

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB29.4782

Amount of Each Disbursement this Period

66.92

Memo Item

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

73.55

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

744.61

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 79 OF 122
	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 Office Sought: President 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 2016

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 Office Sought: President 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 2016

(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 01/29/2016

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 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 01/29/2016

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 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) 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) 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 2088632.13	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.

Signature William L. Bethea Jr. [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 29 / 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 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	Transaction ID : SE.4902 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>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	Transaction ID : SE.4903 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>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.

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 29 / 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 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 8117.64
City State Zip Code Washington DC 20013	Transaction ID : SE.4905 Date of Disbursement or Obligation M M M / D 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 M / D 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 M / D 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 M / D D D / Y Y Y Y Y Y
01 / 29 / 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 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 6313.72
City State Zip Code Washington DC 20013	
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 <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 M / D 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	
Purpose of Expenditure Mobile advertising	Category/Type 004
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	2867321.86 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.

William L. Bethea Jr.

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 29 / 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.4910 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 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: AL
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) ▶

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.4911 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 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: AK
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) ▶

(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 / /
01 / 29 / 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 Oppose
Office Sought: President Senate State: AZ
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
Office Sought: President Senate State: AR
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 01 / 29 / 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 <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M M / D 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.4914 Date of Disbursement or Obligation M M M / D 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: CA
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 M / D 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.4915 Date of Disbursement or Obligation M M M / D 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: CO
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..... ▶	

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 M / D D D / Y Y Y Y Y Y
01 / 29 / 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.4920
Purpose of Expenditure Television advertising	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
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: GA
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 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.4922
Purpose of Expenditure Television advertising	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
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: HI
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..... ▶	

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 **01 / 29 / 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 Memo Item CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City State Zip Code Paeonian Springs VA 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.4923
Date of Disbursement or Obligation 11 / 06 / 2015
Office Sought: House District:
President Senate State: ID
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Memo Item CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City State Zip Code Paeonian Springs VA 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.4924
Date of Disbursement or Obligation 11 / 06 / 2015
Office Sought: House District:
President Senate State: IL
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.

William L. Bethea Jr.

[Electronically Filed]

Date

01 / 29 / 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.4925
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: IN
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 7565.47
Transaction ID: SE.4926
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(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 01/29/2016

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
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4927
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: KS
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.4928
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: KY
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 01/29/2016

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.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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>LA</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.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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>ME</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
01 / 29 / 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
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4932
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: MD
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.4933
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: MA
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 01/29/2016

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 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.4934 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>MI</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	Transaction ID : SE.4935 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>MN</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.....▶	

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
01 / 29 / 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.4936 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: 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 <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.4938 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: 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.

Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 29 / 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 CCAN Media, LLC	Memo Item <input type="checkbox"/>	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"/>	Transaction ID : SE.4939
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	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 <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"/>	Transaction ID : SE.4940
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	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"/>
(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
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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>NV</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 18326.47
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>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) ▶ _____
2087730.17	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20641.94
(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
01 / 29 / 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>NJ</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>NM</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..... ▶	

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
01 / 29 / 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
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.48
Transaction ID : SE.4946
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: NY
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.4947
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: NC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.95
(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 01/29/2016

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
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4948
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: ND
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.4950
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: OH
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 01/29/2016

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>OK</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>OR</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..... ▶	

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
01 / 29 / 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 <input type="text"/> / <input type="text"/> / <input type="text"/>	

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 State Zip Code Paeonian Springs VA 20129	
Purpose of Expenditure Television advertising	Category/Type <input type="text"/>
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	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 State Zip Code Paeonian Springs VA 20129	
Purpose of Expenditure Television advertising	Category/Type <input type="text"/>
Name of Federal Candidate Lindsey O. Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: RI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	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"/>
(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
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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 9565.47
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>SC</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) ▶ _____
	9565.47

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>SD</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..... ▶	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.

Signature William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 29 / 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
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4957
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: TN
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.4959
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: TX
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 01/29/2016

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
Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 2315.47
Disbursement For: Primary General 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 Oppose
Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 2315.47
Disbursement For: Primary General 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 01 / 29 / 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
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4964
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: WV
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 5715.47
Transaction ID : SE.4965
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham Support Oppose
Office Sought: President Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

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

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Signature William L. Bethea Jr. [Electronically Filed] Date 01/29/2016

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 001
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4966
Date of Disbursement or Obligation 11/06/2015
Name of Federal Candidate Lindsey O. Graham
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 2315.47

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Television advertising (placement costs)
Category/Type 004
Date of Public Distribution/Dissemination 07/31/2015
Amount 372284.00
Transaction ID : SE.4802
Date of Disbursement or Obligation 07/27/2015
Name of Federal Candidate Lindsey O. Graham
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 372284.00

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

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Signature William L. Bethea Jr. [Electronically Filed] Date 01/29/2016

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 Television advertising (production costs)
Category/Type 004

Date of Public Distribution/Dissemination 07/31/2015
Amount 5318.00
Transaction ID : SE.4805
Date of Disbursement or Obligation 07/27/2015

Name of Federal Candidate Lindsey O. Graham
Support Oppose
Office Sought: President
Disbursement For: Primary

House District:
Senate State: IA
Disbursement For: Primary General
Other (specify)

Calendar Year-To-Date Per Election for Office Sought 170534.00
Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Television advertising (placement costs)
Category/Type 004

Date of Public Distribution/Dissemination 09/14/2015
Amount 1075448.00
Transaction ID : SE.4806
Date of Disbursement or Obligation 08/28/2015

Name of Federal Candidate Lindsey O. Graham
Support Oppose
Office Sought: President
Disbursement For: Primary

House District:
Senate State: NH
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1080766.00

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.

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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 Television advertising (placement costs)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 2025964.70
Date of Public Distribution/Dissemination 10/05/2015
Amount 41000.00
Transaction ID: SE.4968
Date of Disbursement or Obligation 10/01/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Radio advertising (placement costs)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 2055964.70
Date of Public Distribution/Dissemination 10/09/2015
Amount 30000.00
Transaction ID: SE.4969
Date of Disbursement or Obligation 10/01/2015
Office Sought: President
Disbursement For: Primary

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

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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 Radio advertising (production costs)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 2057206.70
Date of Public Distribution/Dissemination 10/09/2015
Amount 1242.00
Transaction ID : SE.4972
Date of Disbursement or Obligation 10/01/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Television advertising (production costs)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 2069403.70
Date of Public Distribution/Dissemination 10/01/2015
Amount 12197.00
Transaction ID : SE.4973
Date of Disbursement or Obligation 10/02/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 13439.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 Mobile advertising (production cost) Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Oppose
Calendar Year-To-Date Per Election for Office Sought 179195.16

Date of Public Distribution/Dissemination 11 / 09 / 2015
Amount 193.73
Transaction ID : SE.5010
Date of Disbursement or Obligation 11 / 11 / 2015
Office Sought: House Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

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
Name of Federal Candidate Lindsey O. Graham Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2088825.86

Date of Public Distribution/Dissemination 11 / 09 / 2015
Amount 193.73
Transaction ID : SE.5011
Date of Disbursement or Obligation 11 / 11 / 2015
Office Sought: House Senate State: NH
Disbursement For: Primary General 2016 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.

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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 Mobile advertising (production cost) Category/Type 004
Name of Federal Candidate Lindsey O. Graham Support Office Sought: President State: MA
Calendar Year-To-Date Per Election for Office Sought 3411.16
Date of Public Distribution/Dissemination 11/09/2015
Amount 193.73
Transaction ID: SE.5014
Date of Disbursement or Obligation 11/11/2015
Disbursement For: Primary

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
Name of Federal Candidate Lindsey O. Graham Support Office Sought: President State: VA
Calendar Year-To-Date Per Election for Office Sought 5602.53
Date of Public Distribution/Dissemination 11/09/2015
Amount 581.18
Transaction ID: SE.5015
Date of Disbursement or Obligation 11/11/2015
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 774.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 Mobile advertising (production cost)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 13385.27

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)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 12176.65

(a) SUBTOTAL of Itemized Independent Expenditures 3099.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature William L. Bethea Jr. [Electronically Filed] Date 01 / 29 / 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 Mobile advertising (production cost)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 31899.00
Date of Public Distribution/Dissemination 11/09/2015
Amount 5230.56
Transaction ID: SE.5020
Date of Disbursement or Obligation 11/11/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee Wilson Grand Communications
Mailing Address 429 St. Asaph Street
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Cable advertising (placement)
Name of Federal Candidate Lindsey O. Graham
Calendar Year-To-Date Per Election for Office Sought 2588825.86
Date of Public Distribution/Dissemination 11/25/2015
Amount 500000.00
Transaction ID: SE.5006
Date of Disbursement or Obligation 11/23/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 505230.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 Wilson Grand Communications	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
Mailing Address 429 St. Asaph Street	Amount <div style="border: 1px solid black; padding: 2px;"> 25000.00 </div>
City State Zip Code Alexandria VA 22314	Transaction ID : SE.5007 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 23 / 2015 </div>
Purpose of Expenditure Cable advertising (placement)	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>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 2838825.86 </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 Wilson Grand Communications	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
Mailing Address 429 St. Asaph Street	Amount <div style="border: 1px solid black; padding: 2px;"> 5000.00 </div>
City State Zip Code Alexandria VA 22314	Transaction ID : SE.5005 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 </div>
Purpose of Expenditure Cable advertising (production)	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 District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 2872321.86 </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;"> 255000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> 255000.00 </div>

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William L. Bethea Jr.
[Electronically Filed]
Date 01 / 29 / 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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item Wilson Grand Communications	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	Transaction ID : SE.5008 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Purpose of Expenditure Cable advertising (placement) Category/Type 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 State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 3122321.86	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 Wilson Grand Communications	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	Transaction ID : SE.5009 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Purpose of Expenditure Cable advertising (production) Category/Type 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 State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 3132321.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	260000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3451813.70

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William L. Bethea Jr. [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2016

Signature