

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 OR AMENDED (N) (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)
[X] July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 03 / 2015 through 06 / 30 / 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 10 / 01 / 2015

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

Table with 10 columns for Office Use Only

**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="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2897435.00"/>	<input type="text" value="2897435.00"/>
(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="2897435.00"/>	<input type="text" value="2897435.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="151041.78"/>	<input type="text" value="151041.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2746393.22"/>	<input type="text" value="2746393.22"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Security Is Strength PAC

Report Covering the Period: From: 03 / 03 / 2015 To: 06 / 30 / 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).....	2696675.00	2696675.00
(ii) Unitemized .....	760.00	760.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2697435.00	2697435.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200000.00	200000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2897435.00	2897435.00
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))..... ▶	2897435.00	2897435.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2897435.00	2897435.00

**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 .....	113322.40	113322.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	113322.40	113322.40
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) .....	37500.00	37500.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	219.38	219.38
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)) ..	151041.78	151041.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151041.78	151041.78

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	2897435.00	2897435.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2897435.00	2897435.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	113322.40	113322.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	113322.40	113322.40

**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 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 ▼  
500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2015  
**Transaction ID : SA11AI.4200**

Amount of Each Receipt this Period  
500000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. AHG Group LLC**

Mailing Address 700 W. Morse Boulevard  
Suite 220

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
5000.00

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 ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2015  
**Transaction ID : SA11AI.4172**

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510000.00

**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 39
	<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. Bradley M. Bloom**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Albion Road

City Wellesley State MA Zip Code 02481

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

Name of Employer Berkshire Partners LLC Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
06 / 24 / 2015  
Transaction ID : SA11AI.4157

Amount of Each Receipt this Period  
100000.00

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 RST Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
06 / 17 / 2015  
Transaction ID : SA11AI.4159

Amount of Each Receipt this Period  
2500.00

Contribution

**C. Theodore H. Cutler**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Commonwealth Ave.

City Boston State MA Zip Code 02116

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

Name of Employer Interface Group Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
05 / 07 / 2015  
Transaction ID : SA11AI.4192

Amount of Each Receipt this Period  
25000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Security Is Strength PAC**

**A. Jay W. Faison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1355 Greenwood Cliff  
 Suite 301  
 City Charlotte State NC Zip Code 28204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ClearPath Foundation Occupation Founder & Managing Partner  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : SA11AI.4167**  
 Amount of Each Receipt this Period  
 24975.00  
 Contribution

**B. Jay W. Faison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1355 Greenwood Cliff  
 Suite 301  
 City Charlotte State NC Zip Code 28204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ClearPath Foundation Occupation Founder & Managing Partner  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : SA11AI.4168**  
 Amount of Each Receipt this Period  
 75000.00  
 Contribution

**C. Scott T. Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 S. Shackleford Rd.  
 City Little Rock State AR Zip Code 72211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westrock Group, LLC Occupation Member and CEO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11AI.4183**  
 Amount of Each Receipt this Period  
 250000.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	349975.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Security Is Strength PAC**

**A. Roger Hertog**  
Full Name (Last, First, Middle Initial)  
Mailing Address 745 5th Ave. Ste. 1400

City New York	State NY	Zip Code 10151
------------------	-------------	-------------------

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

Name of Employer Hertog Foundation	Occupation President
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
100000.00

Contribution

**B. Jeffrey R. Immelt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 705 West Road

City New Canaan	State CT	Zip Code 06840
--------------------	-------------	-------------------

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

Name of Employer General Electric Company	Occupation Chairman & CEO
--	------------------------------

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
06	/	25	/	2015

**Transaction ID : SA11AI.4169**

Amount of Each Receipt this Period  
25000.00

Contribution

**C. Jonathon S. Jacobson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Highfields

City Wayland	State MA	Zip Code 01778
-----------------	-------------	-------------------

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

Name of Employer Highfields Capital Management	Occupation Founder
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : SA11AI.4170**

Amount of Each Receipt this Period  
250000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 39  
(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 ▼  
 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2015  
**Transaction ID : SA11AI.4201**  
 Amount of Each Receipt this Period  
 2700.00  
 Contribution

**B. 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 ▼  
 7700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : SA11AI.4203**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

**C. 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 ▼  
 12700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : SA11AI.4205**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<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**

Full Name (Last, First, Middle Initial) <b>A. George Dean Johnson Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 <b>Transaction ID : SA11AI.4162</b>
Mailing Address P.O. Box 3524		Amount of Each Receipt this Period 50000.00
City Spartanburg	State SC	Zip Code 29304
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Johnson Development	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) <b>B. Howard Jonas</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2015 <b>Transaction ID : SA11AI.4164</b>
Mailing Address 3020 Palisade Ave.		Amount of Each Receipt this Period 50000.00
City Riverdale	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer IDT Corporation	Occupation Founder, Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) <b>C. Robert M. Kargman</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : SA11AI.4179</b>
Mailing Address 151 Tremont St. # PH		Amount of Each Receipt this Period 19600.00
City Boston	State MA	Zip Code 02111
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The Boston Land Company	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 19600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	119600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<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**

Full Name (Last, First, Middle Initial)  
**A. Stuart H. Legrand**

Mailing Address P.O Box 727

City State Zip Code  
Shelby NC 28151

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

Name of Employer Occupation  
United Equities Development, Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7300.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2015

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
7300.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Robert C. McNair Sr.**

Mailing Address NRG Stadium  
Two NRG Park

City State Zip Code  
Houston TX 77054

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

Name of Employer Occupation  
Houston Texans Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
500000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
500000.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2015

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
500000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1007300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<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**

Full Name (Last, First, Middle Initial) <b>A. Reagan Reaud</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : SA11AI.4177</b>
Mailing Address 98 San Jacinto Blvd.		Amount of Each Receipt this Period 25000.00
City Austin	State TX	Zip Code 78701
FEC ID number of contributing federal political committee.	C	
Name of Employer Reaud & Associates	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) <b>B. Rheumatology Diagnostics Lab., Inc.</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : SA11AI.4206</b>
Mailing Address 10755 Venice Blvd.		Amount of Each Receipt this Period 30000.00
City Los Angeles	State CA	Zip Code 90034
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

Full Name (Last, First, Middle Initial) <b>C. Marlene M. Ricketts</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : SA11AI.4175</b>
Mailing Address P.O. Box 31519		Amount of Each Receipt this Period 10000.00
City Omaha	State NE	Zip Code 68131
FEC ID number of contributing federal political committee.	C	
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 39
	(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) <b>A. Frank A. Risch</b>		Date of Receipt
Mailing Address 3540 Colgate Ave.		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dallas	TX	75225
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.4161</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Name of Employer	Occupation	Contribution
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James H. Simons</b>		Date of Receipt
Mailing Address 160 5th Avenue, 9th Floor		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10010
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.4165</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25000.00"/>
Name of Employer	Occupation	Contribution
Euclidean Capital LLC	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sidney W. Swartz</b>		Date of Receipt
Mailing Address 1001 S. Ocean Blvd.		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Delray Beach	FL	33183
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.4184</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19600.00"/>
Name of Employer	Occupation	Contribution
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="19600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="54600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Security Is Strength PAC**

**A. Gregory W. Wendt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Market Street  
Stewart Tower 2000

City San Francisco State CA Zip Code 94105

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

Name of Employer Capital Research Global Invest Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
50000.00

Contribution

**B. Arthur M. Winn**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Faneuil Hall Marketplace  
5th Floor

City Boston State MA Zip Code 02109

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

Name of Employer Winn Development Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2015

**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
25000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2696675.00

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

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

FOR LINE NUMBER: PAGE 16 OF 39  
(check only one)

<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**

**A.** Full Name (Last, First, Middle Initial)  
**West Main Street Value PAC Inc.**

Mailing Address P.O. Box 474

City Lexington State SC Zip Code 29071

FEC ID number of contributing federal political committee. **C** C00543157

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : SA11C.4154**

Amount of Each Receipt this Period  
 200000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	200000.00



**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. Hon. Norman Coleman Jr.**

Mailing Address 909 Osceola Ave.

City St. Paul State MN Zip Code 55105

Purpose of Disbursement  
Travel/subsistence reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4322**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4322.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Delta Air Lines**

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel expense reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4322.1**

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.4322

The remaining \$94.42 in expense reimbursements to Senator Coleman 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. 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

/  /

**Transaction ID : SB21B.4322.2**

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 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.4320**

Amount of Each Disbursement this Period

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) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4320.0**

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.4320

The remaining \$533.01 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

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SB21B.4320.1

Amount of Each Disbursement this Period

4.50

[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

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2015

Transaction ID : SB21B.4320.2

Amount of Each Disbursement this Period

11.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Best Buy**

Mailing Address 3401 Jefferson David Hwy.

City Alexandria State VA Zip Code 22305

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

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2015

Transaction ID : SB21B.4320.3

Amount of Each Disbursement this Period

1718.73

[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. Hampton Inn & Suites**

Mailing Address 811 Massachusetts Ave.

City Boston State MA Zip Code 02118

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.4320.4

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. InterContinental**

Mailing Address 2151 Avenue Of the Stars

City Los Angeles State CA Zip Code 90067

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.4320.5

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jetblue Airways**

Mailing Address 118-29 Queens Boulevard

City Forest Hills State NY Zip Code 11375

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.4320.6

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Security Is Strength PAC**

Full Name (Last, First, Middle Initial)

**A. Lyft**

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.4320.12**

Amount of Each Disbursement this Period

6	2	.	9	3
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[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

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

**Transaction ID : SB21B.4320.13**

Amount of Each Disbursement this Period

4	7	.	9	1
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. New York Marriot Marquis**

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.4320.14**

Amount of Each Disbursement this Period

3	1	.	1	0	4
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[MEMO ITEM]

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

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

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. The Venetian**

Mailing Address 3325 Las Vegas Blvd. S.

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement  
Travel expense reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B.4320.15**

Amount of Each Disbursement this Period

4	5	2	.	4	8
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**[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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B.4320.16**

Amount of Each Disbursement this Period

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

**[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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B.4320.18**

Amount of Each Disbursement this Period

2	5	8	.	1	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  
Travel/subsistence reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Transaction ID : SB21B.4321

Amount of Each Disbursement this Period

1497.46
---------

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

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2015

Transaction ID : SB21B.4321.0

Amount of Each Disbursement this Period

856.20
--------

[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

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2015

Transaction ID : SB21B.4321.1

Amount of Each Disbursement this Period

37.20
-------

[MEMO ITEM]

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

1497.46
---------

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4321

The remaining \$235.39 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. 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	5		1	8		2	0	1	5

**Transaction ID : SB21B.4321.2**

Amount of Each Disbursement this Period

4	3	.	6	5
---	---	---	---	---

**[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	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

**Transaction ID : SB21B.4321.3**

Amount of Each Disbursement this Period

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

**[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

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

**Transaction ID : SB21B.4244**

Amount of Each Disbursement this Period

6	0	0	.	0	0
---	---	---	---	---	---

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

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

6	0	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. 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.4245**

Amount of Each Disbursement this Period

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 and 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.4323**

Amount of Each Disbursement this Period

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.4323.0**

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.4323

The remaining \$509.49 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	6			0	4			2	0	1	5		

**Transaction ID : SB21B.4323.1**

Amount of Each Disbursement this Period

1	4	5	.	0	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jetblue Airways**

Mailing Address 118-29 Queens Boulevard

City Forest Hills State NY Zip Code 11375

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	6			0	4			2	0	1	5		

**Transaction ID : SB21B.4323.2**

Amount of Each Disbursement this Period

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

**Transaction ID : SB21B.4323.3**

Amount of Each Disbursement this Period

3	1	.	3	5
---	---	---	---	---

[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. 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.4323.4**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Lyft**

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4323.5**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Lyft**

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4323.6**

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. New York Marriot Marquis**

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.4323.7**

Amount of Each Disbursement this Period

3	1	1	0	4
---	---	---	---	---

[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

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

**Transaction ID : SB21B.4323.8**

Amount of Each Disbursement this Period

3	3	1	2	0
---	---	---	---	---

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

**Transaction ID : SB21B.4323.9**

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

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

0	0	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  
Travel/subsistence reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2015

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

2085.55

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

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

Transaction ID : SB21B.4324.0

Amount of Each Disbursement this Period

312.00

[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

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

Transaction ID : SB21B.4324.1

Amount of Each Disbursement this Period

166.00

[MEMO ITEM]

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

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

2085.55

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

Form/Schedule: SB21B

Transaction ID : SB21B.4324

The remaining \$322.85 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. Courtyard Charlotte Airport**

Mailing Address 2700 Little Rock Road

City Charlotte State NC Zip Code 28214

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.4324.2**

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) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4324.3**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Lyft**

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4324.4**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Security Is Strength PAC**

Full Name (Last, First, Middle Initial)

**A. Lyft**

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4324.5**

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) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4324.6**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4324.7**

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

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. 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.4324.8**

Amount of Each Disbursement this Period

**[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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4260**

Amount of Each Disbursement this Period

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) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4261**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**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 for website video content

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4252**

Amount of Each Disbursement this Period

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  
Website design and maintenance; logo design; domain transfers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4253**

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4254**

Amount of Each Disbursement this Period

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

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

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

NAME OF COMMITTEE (In Full) <b>Security Is Strength PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jordan C. Bressler</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 03 / 2015</b>
Mailing Address 25 Cape May Pt.	Amount <span style="margin-left: 20px;">37500.00</span>
City State Zip Code <b>Greensboro SC 27455</b>	<b>Transaction ID : SE.4257</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 29 / 2015</b>
Purpose of Expenditure Digital advertising	Category/Type <span style="margin-left: 20px;">004</span>
Name of Federal Candidate <b>Lindsey O. Graham</b>	<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: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">37500.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="margin-left: 20px;">_____</span>
City State Zip Code	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure	Category/Type <span style="margin-left: 20px;">_____</span>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">_____</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">37500.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">_____</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">37500.00</span>

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  
**10 / 01 / 2015**