

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 [05] / [21] / [2020] through [06] / [30] / [2020]

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

Signature of Treasurer *Bethea, William, L., , Jr.* [Electronically Filed] Date [07] / [15] / [2020]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

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="2020"/>	<input type="text" value="1441128.26"/>	<input type="text" value="1441128.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="938065.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="198801.01"/>	<input type="text" value="518697.01"/>
(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="1136866.93"/>	<input type="text" value="1959825.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1400.64"/>	<input type="text" value="824358.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1135466.29"/>	<input type="text" value="1135466.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="500.00"/>	

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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	198801.00	518501.00
(ii) Unitemized	0.00	196.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	198801.00	518697.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	198801.00	518697.00
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).....	0.01	0.01
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)).....▶	198801.01	518697.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	198801.01	518697.01

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	1400.64	25369.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1400.64	25369.38
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)	0.00	798989.60
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1400.64	824358.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1400.64	824358.98

DETAILED SUMMARY PAGE
of Disbursements

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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)	198801.00	518697.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	198801.00	518697.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1400.64	25369.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.01	0.01
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1400.63	25369.37

**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 6 OF 10
<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

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

A. Breslow, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11035 Lavender Hill Dr.
 Ste. 160-156
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.5359
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

B. McHugh, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 16th Street
 1101
 City Miami Beach State FL Zip Code 33139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35001.00

Date of Receipt 06 / 17 / 2020
Transaction ID : SA11AI.5356
 Amount of Each Receipt this Period 35001.00
 Memo Item Contribution

C. McInerney, Thomas, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Manitou Ct.
 City Westport State CT Zip Code 06880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bluff Point Assoc. Occupation (for Individual) Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 88800.00

Date of Receipt 06 / 22 / 2020
Transaction ID : SA11AI.5358
 Amount of Each Receipt this Period 88800.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	148801.00
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 10
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rafael Holdings, Inc.

Mailing Address 520 Broad Street

City NEWARK	State NJ	Zip Code 07102
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2020

Transaction ID : SA11AI.5353

Amount of Each Receipt this Period
50000.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	198801.00

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

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

FOR LINE NUMBER: PAGE 8 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rafael Holdings, Inc.

Mailing Address 520 Broad Street

City NEWARK State NJ Zip Code 07102

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2020

Transaction ID : SA15.5363

Amount of Each Receipt this Period
0.01

Memo Item
Contribution credit verification

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.01
TOTAL This Period (last page this line number only).....▶	0.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Anedot, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement Online fundraising fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY
06 / 22 / 2020

FEC Identification Number C

Transaction ID : SB21B.5352

Amount of Each Disbursement this Period 1400.64

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1400.64
TOTAL This Period (last page this line number only).....▶	1400.64

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 406 Enterprises LLC			Nature of Debt (Purpose): Digital advertising for online petition (does not contain express advocacy)
Mailing Address PO Box 75727			
City Washington	State DC	Zip Code 20013	

Outstanding Balance Beginning This Period		Transaction ID : SD10.5236	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	500.00	

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)..... ▶	500.00
2) TOTALS This Period (last page this line number only)..... ▶	500.00
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) ▶	500.00