

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. SECURITY FOR AMERICA FUND II

ADDRESS (number and street) 4703 WOODWAY LANE NW WASHINGTON DC 20016

2. FEC IDENTIFICATION NUMBER C C00498386 3. IS THIS REPORT NEW (N) OR AMENDED (A) AR 02

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 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 (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 07/05/2011 through 09/30/2011

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 Thomas F. Maxwell III

Signature of Treasurer Thomas F. Maxwell III [Electronically Filed] Date MM/DD/YYYY 10/04/2011

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SECURITY FOR AMERICA FUND II

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32500.00	32500.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32500.00	32500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2405.76	2405.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2405.76	2405.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	94.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SECURITY FOR AMERICA FUND II

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 05 / 2011 To: M M / D D / Y Y Y Y 09 / 30 / 2011

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	32500.00	32500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32500.00	32500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32500.00	32500.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2405.76	2405.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	30000.00	30000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	32405.76	32405.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32500.00
25. SUBTOTAL (add Line 23 and Line 24).....	32500.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32405.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94.24

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

Form/Schedule: F3N
Transaction ID :

All administrative expenses have been adequately and accurately disclosed.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 FOR AMERICA FUND II

A. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2011

Transaction ID : SA11C.4105

Amount of Each Receipt this Period
 15000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE

Mailing Address P. O. DRAWER 938

City THIBODAUX State LA Zip Code 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2011

Transaction ID : SA11C.4109

Amount of Each Receipt this Period
 3000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
ELECT - THE PAC OF THE ALABAMA FARMERS FEDERATION

Mailing Address P. O. BOX 11000

City MONTGOMERY State AL Zip Code 36191

FEC ID number of contributing federal political committee. **C** C00094573

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11C.4117

Amount of Each Receipt this Period
 1500.00
 Contribution

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

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

19500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SECURITY FOR AMERICA FUND II

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2011

Transaction ID : SA11C.4111

Amount of Each Receipt this Period
 Contribution 3000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

Mailing Address 313 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00413567**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11C.4119

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City CORDOVA State TN Zip Code 38088

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2011

Transaction ID : SA11C.4107

Amount of Each Receipt this Period
 Contribution 3000.00

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

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

7000.00

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

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

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

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NAME OF COMMITTEE (In Full)
SECURITY FOR AMERICA FUND II

Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 28 2011

Transaction ID : SA11C.4113

Amount of Each Receipt this Period
1000.00
Contribution

Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 28 2011

Transaction ID : SA11C.4115

Amount of Each Receipt this Period
1000.00
Contribution

Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date **3000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 28 2011

Transaction ID : SA11C.4116

Amount of Each Receipt this Period
1000.00
Contribution

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)
SECURITY FOR AMERICA FUND II

A. Full Name (Last, First, Middle Initial)
USA RICE FEDERATION PAC

Mailing Address 4301 NORTH FAIRFAX DRIVE SUITE 425

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00308478

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : SA11C.4121

Amount of Each Receipt this Period
 Contribution 3000.00

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)

Election Cycle-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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3000.00

32500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SECURITY FOR AMERICA FUND II

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 07 / 17 / 2011
Mailing Address 310 First Street, SE		Amount of Each Disbursement this Period 655.76
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Catering for Event	Transaction ID : SB17.4123
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MAXimum Compliance, LLC		Date of Disbursement MM / DD / YYYY 07 / 31 / 2011
Mailing Address 4703 Woodway Lane, NW		Amount of Each Disbursement this Period 1250.00
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Bookkeeping & Compliance	Transaction ID : SB17.4127
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WM Fundraising and Events, Inc.		Date of Disbursement MM / DD / YYYY 07 / 31 / 2011
Mailing Address The Homer Building, 11th Floor 601 13th St., NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Event Planning Fee	Transaction ID : SB17.4125
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2405.76
TOTAL This Period (last page this line number only).....	2405.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SECURITY FOR AMERICA FUND II

Full Name (Last, First, Middle Initial) A. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2011
Mailing Address PO BOX 951		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB18.4138
City NORTH BRANCH State MN Zip Code 55056	Purpose of Disbursement Distribution of Net Proceeds	
Candidate Name RAYMOND J. CRAVAACK		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 08		

Full Name (Last, First, Middle Initial) B. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2011
Mailing Address PO BOX 951		Amount of Each Disbursement this Period 9000.00 Transaction ID : SB18.4134
City NORTH BRANCH State MN Zip Code 55056	Purpose of Disbursement Distribution of Net Proceeds	
Candidate Name RAYMOND J. CRAVAACK		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 08		

Full Name (Last, First, Middle Initial) C. PALAZZO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2011
Mailing Address 13155 HIGHWAY 67 SUITE B		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB18.4136
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Distribution of Net Proceeds	
Candidate Name STEVEN MCCARTY PALAZZO		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 04		

SUBTOTAL of Disbursements This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SECURITY FOR AMERICA FUND II

Full Name (Last, First, Middle Initial) A. PALAZZO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2011
Mailing Address 13155 HIGHWAY 67 SUITE B		Amount of Each Disbursement this Period 4385.83 Transaction ID : SB18.4129
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Distribution of Net Proceeds	
Candidate Name STEVEN MCCARTY PALAZZO		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 04		

Full Name (Last, First, Middle Initial) B. PALAZZO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2011
Mailing Address 13155 HIGHWAY 67 SUITE B		Amount of Each Disbursement this Period 4614.17 Transaction ID : SB18.4131
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Distribution of Net Proceeds	
Candidate Name STEVEN MCCARTY PALAZZO		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 04		

Full Name (Last, First, Middle Initial) C. RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2011
Mailing Address P.O. BOX 7526		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB18.4137
City LITTLE ROCK State AR Zip Code 72217	Purpose of Disbursement Distribution of Net Proceeds	
Candidate Name JOHN TIMOTHY GRIFFIN		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 02		

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 13	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SECURITY FOR AMERICA FUND II

Full Name (Last, First, Middle Initial) A. RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2011
Mailing Address P.O. BOX 7526		Amount of Each Disbursement this Period 9000.00 Transaction ID : SB18.4132
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement Distribution of Net Proceeds	Category/ Type
Candidate Name JOHN TIMOTHY GRIFFIN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 02	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	30000.00