

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Security Is Strength PAC

ADDRESS (number and street) 51 Peninsula Drive

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

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

C C00573733

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 03 / 03 / 2015 through [MM] / [DD] / [YYYY] 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 07 / 30 / 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.

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

FEC Form 3X (Rev. 02/2003)

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="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:  /  /  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).....	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: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 New York State NY Zip Code 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 Winter Park State FL Zip Code 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 New York State NY Zip Code 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	510000.00
<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 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 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) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 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) ▼

Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 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. James M. Rose Sr. LLC</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2015 <b>Transaction ID : SA11AI.4201</b>
Mailing Address 4500 E. Dixon Blvd.		Amount of Each Receipt this Period 2700.00
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) <b>B. James M. Rose Sr. LLC</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2015 <b>Transaction ID : SA11AI.4203</b>
Mailing Address 4500 E. Dixon Blvd.		Amount of Each Receipt this Period 5000.00
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7700.00	

Full Name (Last, First, Middle Initial) <b>C. James M. Rose Sr. LLC</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2015 <b>Transaction ID : SA11AI.4205</b>
Mailing Address 4500 E. Dixon Blvd.		Amount of Each Receipt this Period 5000.00
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12700.00	

<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: PAGE 11 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**

Full Name (Last, First, Middle Initial)  
**A. George Dean Johnson Jr.**

Mailing Address P.O. Box 3524

City State Zip Code  
Spartanburg SC 29304

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

Name of Employer Occupation  
Johnson Development Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : SA11AI.4162**

Amount of Each Receipt this Period  
50000.00

Contribution

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

Mailing Address 3020 Palisade Ave.

City State Zip Code  
Riverdale NY 10463

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

Name of Employer Occupation  
IDT Corporation Founder, Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
50000.00

Contribution

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

Mailing Address 151 Tremont St. # PH

City State Zip Code  
Boston MA 02111

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

Name of Employer Occupation  
The Boston Land Company Real Estate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
19600.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119600.00

**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 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  
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  
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  
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
Mailing Address 98 San Jacinto Blvd.		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Austin	TX	78701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Reaud & Associates	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="25000.00"/>
		Contribution

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65000.00"/>
<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 14 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**

Full Name (Last, First, Middle Initial)  
**A. Frank A. Risch**  
 Mailing Address 3540 Colgate Ave.  
 City State Zip Code  
 Dallas TX 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : SA11AI.4161**  
 Amount of Each Receipt this Period  
 10000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. James H. Simons**  
 Mailing Address 160 5th Avenue, 9th Floor  
 City State Zip Code  
 New York NY 10010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Euclidean Capital LLC President  
 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 / 01 / 2015  
**Transaction ID : SA11AI.4165**  
 Amount of Each Receipt this Period  
 25000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Sidney W. Swartz**  
 Mailing Address 1001 S. Ocean Blvd.  
 City State Zip Code  
 Delray Beach FL 33183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 19600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.4184**  
 Amount of Each Receipt this Period  
 19600.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 54600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 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. 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  
 M M / D D / Y Y Y Y Y Y  
**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  
 M M / D D / Y Y Y Y Y Y  
**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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

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

**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

002

Candidate Name

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 Y  
05 / 22 / 2015

Transaction ID : SB21B.4322

Amount of Each Disbursement this Period

1434.56

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

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 Y  
04 / 30 / 2015

Transaction ID : SB21B.4322.0

Amount of Each Disbursement this Period

214.00

[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

002

Candidate Name

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 Y  
05 / 01 / 2015

Transaction ID : SB21B.4322.1

Amount of Each Disbursement this Period

817.10

[MEMO ITEM]

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

1434.56

**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

002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Transaction ID : SB21B.4320.4

Amount of Each Disbursement this Period

217.47

[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

002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2015

Transaction ID : SB21B.4320.5

Amount of Each Disbursement this Period

936.62

[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

002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

Transaction ID : SB21B.4320.6

Amount of Each Disbursement this Period

640.20

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Lyft**

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Travel expense reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4320.12**

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4320.13**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. New York Marriot Marquis**

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement  
Travel expense reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4320.14**

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. 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

/  /

**Transaction ID : SB21B.4320.15**

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4320.16**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement  
Office expense reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4320.18**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Andrew King**

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement  
Travel/subsistence reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4321**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4321.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Lyft**

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Travel 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.4321.1**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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  
Consulting fees

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  
Consulting fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21B.4245

Amount of Each Disbursement this Period

18000.00

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

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2015

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

2117.73

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21B.4323.0

Amount of Each Disbursement this Period

267.00

[MEMO ITEM]

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

20117.73

**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	/	D	D	/	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	/	D	D	/	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	/	D	D	/	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
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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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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

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

**Transaction ID : SB21B.4323.4**

Amount of Each Disbursement this Period

3	1	3	3
---	---	---	---

**[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	6			0	3			2	0	1	5		

**Transaction ID : SB21B.4323.5**

Amount of Each Disbursement this Period

2	5	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	6			0	4			2	0	1	5		

**Transaction ID : SB21B.4323.6**

Amount of Each Disbursement this Period

2	4	7	0
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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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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. 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.4323.7**

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.4323.8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement  
Office expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4323.9**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

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

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

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

Transaction ID : SB21B.4324.0

Amount of Each Disbursement this Period

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

[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

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

Transaction ID : SB21B.4324.1

Amount of Each Disbursement this Period

1	6	6	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

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

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

: 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) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.4324.2**

Amount of Each Disbursement this Period

2	3	0	6	9
---	---	---	---	---

**[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	6			1	1			2	0	1	5		

**Transaction ID : SB21B.4324.3**

Amount of Each Disbursement this Period

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

**[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	6			1	6			2	0	1	5		

**Transaction ID : SB21B.4324.4**

Amount of Each Disbursement this Period

2	6	1	2
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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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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) ▼

**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

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

Transaction ID : SB21B.4252

Amount of Each Disbursement this Period

10000.00

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

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2015

Transaction ID : SB21B.4253

Amount of Each Disbursement this Period

14752.50

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

004

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.4254

Amount of Each Disbursement this Period

17533.00

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

42285.50

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

113322.40

**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	

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

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>37500.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>37500.00</b>

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

Signature: William L. Bethea Jr.      [Electronically Filed]      Date: **07 / 30 / 2015**