		hand delivered
FEC	STATEMENT OF ORGANIZATION	
FORM 1	(See instructions)	2011 JUL -6 A IO: 26 Office use only
1. NAME OF COMMITTEE (in f	(Check if name Example: If typying, type ull) is changed) over the lines	12FE4M5
Security for An	neriça Fund II	
ADDRESS (number and is	treet)	
(Check if address		
is changed)	Washington	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	LADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	thomas@maximumcompliance.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
(Check if address is changed)	None	
 DATE ^M M 0 7 FEC IDENTIFICA 	¹ 0 5 2 0 1 1 TION NUMBER C	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct ar	nd complete

Type or Print Name of T	reasurer	Thomas	s F. Ma	xwell, III							
Signature of Treasurer		Thomas	1	Marquell m	Date	5 Ť	'	° '	žŏ	ĭ	ì

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only		For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)

5.	TYPE OF CON Candidate Co	IMITTEE (Check One) mmittee:				
	(a)	This committee is a principal campai	gn committee. (Complete	the candidate inform	nation below.)	
	(b)	This committee is an authorized com information below.)	mittee, and is NOT a prir	icipal campaign com	mittee. (Complete t	the candidate
	Name of Candidate					
	Candidate Party Affiliation	Office Sought:	House	Senate	President	State
	(c)	This committee supports/opposes on	ly one candidate, and is N	NOT an authorized co	ommittee.	
	Name of Candidate				<u>} J J</u>	
	Party Commit		(National, State			Democratic,
		This committee is a	(or subordinate) co		R	epublican,etc.) Party.
		n Committee (PAC): This committee is a separate segrega	ited fund. (Identify conne	cted organization on I	line 6.) Its connecte	ed organization is a:
	(0)	Corporation		/o Capital Stock		or Organization
			Trade Associa			-
		Membership Organization				perative
		In addition, this committee This committee supports/opposes mo committee. (i.e., nonconnected comm	re than one Federal cand		separate segregate	ed fund or party
		In addition, this committee is a L	obbyist/Registrant PAC.			
		In addition, this committee is a L	eadership PAC. (Identify	sponsor on line 6.)		
	Joint Fundrais	ing Representative:				<u></u>
	(g) X (g)	This committee collects contributions, committees/organizations, at least one	pays fundraising expense of which is an authorized	es and disburses net d committee of a fede	proceeds for two o eral candidate.	r more political
		This committee collects contributions, committees/organizations, none of wh				or more political
	Comm	ittees Participating in Joint Fundraise				•
		RE-ELECT TIM GRIFFIN I 1.	-OR CONGRESS CO	FEC ID number	C C0046811	16
		2. PALAZZO FOR CONGRES		FEC ID number	C C0047732	23
		3. CRAVAACK FOR CONGR		MMITTEE FEC ID humber	C C0047563	2
		4. L <u> </u>		FEC ID number	С	• •

FEC Form 1	(Revised 02/2009)	
	(1/64/360 02/2003)	

Write or Type Committee Name

Security for America Fund II

 Name of Any Con 	nected Oraz	Inization, Affiliated Committee, Joi	nt Fundraising Represe	entative. or Lo	eadership PAC Sponsor
-					
			<u>I. I., I., I., I. I. I.</u>		
<u> </u>				<u> </u>	
Mailing Address	l		1.1 4 4. 4. 4. 4.		
			<u></u>	_ 1 _ 1	
		CITY		STATE 🛦	ZIP CODE 👗
Relationship:					
Connected O	rganization	Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Sponsor
Mailing Address		Wachington		DC	20046
		Washington		DC	20016
Title or Position ¥	reasurer	CITY A		STATE A mber 202	ZIP CODE à - 557 - 1398
			Telephone nu	mber <u>202</u>	
		nd address (phone number – op designated agent (e.g., assistant		r of the com	mittee; and the
Full Name of Treasurer	Thomas	F. Maxwell, III	·		······································
Mailing Address		4703 Woodway La	ine, NW		
		Washington		DC	20016 _
Title or Position ♥	,			STATE 🛦	
-	Freasurer			. 202	2 _ 557 _ 1398
			Telephone nu	umber	

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Full Name of Designated Agent	William Milligan			
Mailing Address	601 13th Street, NW			
	11th Floor			
	Washington	DC	20005 –	
Title or Position ♥		STATE 🛦		
Assista	ant Treasurer Tele	bhone number 202	5888988	
Banks or Other Deposi safety deposit boxes or r Name of Bank, Deposito	maintains funds.	committee deposits funds,	holds accounts, rents	
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
	Date of Receipt
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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of F	Receipt or Postmarked
Er-	7/6/11
PREPARER (3/2005)	DATE PREPARED