

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.

Security Is Strength PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Bethea, William, L., , Jr. [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2746393.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1299682.33"/>	<input type="text" value="4197117.33"/>
(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="4046075.55"/>	<input type="text" value="4197117.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3805467.49"/>	<input type="text" value="3956509.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="240608.06"/>	<input type="text" value="240608.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9990.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Security Is Strength PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1241716.33	3938391.33
(ii) Unitemized	466.00	1226.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1242182.33	3939617.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	57500.00	257500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1299682.33	4197117.33
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)).....▶	1299682.33	4197117.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1299682.33	4197117.33

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	302566.79	415889.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	302566.79	415889.19
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)	3476886.70	3514386.70
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25000.00	25000.00
(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)).....	25000.00	25000.00
29. Other Disbursements (Including Non-Federal Donations).....	1014.00	1233.38
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3805467.49	3956509.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3805467.49	3956509.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1299682.33	4197117.33
34. Total Contribution Refunds (from Line 28(d))	25000.00	25000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1274682.33	4172117.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	302566.79	415889.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	302566.79	415889.19

**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 125
	<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

A. Access Industries, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800000.00

Date of Receipt 10 / 07 / 2015
Transaction ID : SA11AI.4700
 Amount of Each Receipt this Period 300000.00
 Memo Item Contribution

B. Avenue Ventures
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10166 Rush Street
 City South El Monte State CA Zip Code 91733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11AI.4692
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

C. Bialkin, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Skadden Arps Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 13 / 2015
Transaction ID : SA11AI.4701
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	330000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 125
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Blau, Jeff, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 East 94th St.
 Apt. 1617
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Related Companies Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 12500.00

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.4768
 Amount of Each Receipt this Period 12500.00
 Memo Item Contribution

B. Brown, Douglas, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) RST Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 7500.00

Date of Receipt **08 / 21 / 2015**
Transaction ID : SA11AI.4679
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Cahill, John, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Ladson Street
 City Charleston State SC Zip Code 29401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kraft Foods Group, Inc. Occupation (for Individual) Business
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt **07 / 01 / 2015**
Transaction ID : SA11AI.4660
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... **27500.00**
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: PAGE 8 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Chambers, John, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3230 Alexis Dr.
 City Palo Alto State CA Zip Code 94304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cisco Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.4694
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

B. Circle Creek Holdings, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 27329
 City Greenville State SC Zip Code 29616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.4690
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

C. Crown Reserve
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 560 Village Blvd., Ste. 120
 City West Palm Beach State FL Zip Code 33409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 07 / 28 / 2015
Transaction ID : SA11AI.4671
 Amount of Each Receipt this Period 7500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 57500.00
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 9 OF 125
	<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
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Eisenberg, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 East 49th Street
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.33

Date of Receipt **12 / 18 / 2015**
Transaction ID : SA11AI.4772
 Amount of Each Receipt this Period 3333.33
 Memo Item Contribution

B. Faison, Jay, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) ClearPath Foundation Occupation (for Individual) Founder & Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120000.00

Date of Receipt **11 / 09 / 2015**
Transaction ID : SA11AI.4710
 Amount of Each Receipt this Period 20000.00
 Memo Item Contribution

C. Flaum, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Sandringham Rd.
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flaum Management Company Occupation (for Individual) Real Estate Ownder, Developer, Mgr.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 01 / 2015**
Transaction ID : SA11AI.4659
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	24333.33
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:	PAGE 10 OF 125
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Ford, Joe, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 S. Shackelford Ste. 200
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westrock Group, LLC Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **07 / 27 / 2015**
Transaction ID : SA11AI.4670
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

B. Freedom Frontier
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Cedar Springs Rd. Suite 1050
 City Dallas State TX Zip Code 75201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt **11 / 25 / 2015**
Transaction ID : SA11AI.4714
 Amount of Each Receipt this Period 250000.00
 Memo Item Contribution

C. Friedberg, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 134 East 71st St.
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FriedbergMilstein Occupation (for Individual) Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11AI.4765
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	280000.00
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: PAGE 11 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Gross, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Sandalwood Drive
 City Livingston State NJ Zip Code 07039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandalwood Securities Occupation (for Individual) Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11AI.4697
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. Hipp, Van, D., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 North Quaker Lane
 City Alexandria State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Defense Int. Inc. Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11AI.4696
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. James M. Rose Sr. LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 E. Dixon Blvd.
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 17700.00

Date of Receipt 08 / 21 / 2015
Transaction ID : SA11AI.4678
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00
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 125
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. James M. Rose Sr. LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 E. Dixon Blvd.
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 22700.00

Date of Receipt 08 / 21 / 2015
Transaction ID : SA11AI.4680
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. Kalikow, Peter, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Park Ave., 25th Floor
 City New York State NY Zip Code 10178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 H.J. Kalikow & Co., LLC President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 83800.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11AI.4674
 Amount of Each Receipt this Period 83800.00
 Memo Item Contribution

C. Klein, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Madison Ave.
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Park Tower Group Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 29 / 2015
Transaction ID : SA11AI.4707
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	98800.00
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 125
	<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
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. MH Media, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 282 35th Street
 City Avalon State NJ Zip Code 08202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15083.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11AI.5058
 Amount of Each Receipt this Period
 15083.00
 Memo Item
 In-kind contribution--see Schedule E entry of same date

B. Naifeh, Steven, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 First Ave. SW
 City Aiken State SC Zip Code 29801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Best Lawyers LLC CEO
 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
 11 / 23 / 2015
Transaction ID : SA11AI.4713
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Contribution

C. Perelman, Ronald, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 East 62nd Street
 City New York State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MacAndrews & Forbes Owner, Chairman, CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.4769
 Amount of Each Receipt this Period
 100000.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	120083.00
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 14 OF 125
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Reaud, Reagan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 San Jacinto Blvd.
 City Austin State TX Zip Code 78701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reaud & Associates Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.4708
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

B. Reyes, J., Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 S. Flagler Dr., Suite 1500
 Phillips Point West Tower
 City West Palm Beach State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reyes Holdings, LLC Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11AI.4770
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Reyes, M., Jude, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 S. Flagler Drive
 Suite 1500
 City West Palm Beach State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reyes Holdings, LLC Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11AI.4771
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	20000.00
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 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Rosenberg, William, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 Queensferry Rd.
 City Cary State NY Zip Code 27511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E3 Gasification, LLC Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11AI.4698
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

B. Ross, Stephen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Columbus Circle, PH 80
 City New York State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Related Companies Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 12 / 11 / 2015
Transaction ID : SA11AI.4767
 Amount of Each Receipt this Period 12500.00
 Memo Item Contribution

C. SC Conservative Action Alliance
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141-F Pelham Drive Suite 289
 City Columbia State SC Zip Code 29209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 140000.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.4695
 Amount of Each Receipt this Period 140000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	162500.00
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 16 OF 125
	<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

A. Simms, Ron and Vicki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9320 Wilshire Blvd. #300
 City Beverly Hills State CA Zip Code 90212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simms, Inv. Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 18000.00

Date of Receipt 08 / 05 / 2015
Transaction ID : SA11AI.4673
 Amount of Each Receipt this Period 18000.00
 Memo Item Contribution

B. Sloan, Harry, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21600 Oxnard St. Suite 500
 City Woodland Hills State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Eagle Acquisition Corp Occupation (for Individual) Business Professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11AI.4663
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

C. Smith, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 Colville Rd.
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abundant Power Occupation (for Individual) Clean Energy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 07 / 03 / 2015
Transaction ID : SA11AI.4662
 Amount of Each Receipt this Period 7500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	50500.00
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 17 OF 125
	<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
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Terwilliger, J., Ronald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Osprey Lane
 City Key Largo State FL Zip Code 33037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 11 / 2015
Transaction ID : SA11AI.4766
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

B. Walden Industrial Capital LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16830 Ventura Blvd. Suite 400
 City Encino State CA Zip Code 91436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 24 / 2015
Transaction ID : SA11AI.4665
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Zingrabe, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 MacArthur Blvd. Suite 310
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Zinn Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2015
Transaction ID : SA11AI.4709
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	15500.00
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 18 OF 125
	<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
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zucker, Anita, , ,

Mailing Address 16 Buckingham Drive

City Charleston	State SC	Zip Code 29407
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Intertech Group, Inc.	Occupation (for Individual) Chairman & CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2015

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
40000.00

Memo Item Contribution

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40000.00
TOTAL This Period (last page this line number only).....	1241716.33

**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 19 OF 125
<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

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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Advance America Cash Advance Centers Inc. PAC

Mailing Address 135 N. Church Street

City Spartanburg	State SC	Zip Code 29306
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00429001

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

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
10	/	26	/	2015

Transaction ID : SA11C.4705

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Chicago Bridge & Iron Co. Political Action Committee

Mailing Address 1050 K Street, NW Suite 620

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104885

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

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
10	/	19	/	2015

Transaction ID : SA11C.4703

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. The Boeing Company Political Action Committee

Mailing Address 929 Long Bridge Drive

City Arlington	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00142711

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11C.4688

Amount of Each Receipt this Period
50000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	57500.00
TOTAL This Period (last page this line number only).....	57500.00

**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"/> 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. Bluebonnet Fundraising LLC		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 3300 Bee Caves Road #650-1151		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682 Amount of Each Disbursement this Period 8916.72
City Austin	State TX	Zip Code 78746
Purpose of Disbursement Travel and office expense reimbursement		002 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
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. idonate Pro		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 2033 San Elijo Ave. #203		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682.c Amount of Each Disbursement this Period 375.00
City Cardiff by the Sea	State CA	Zip Code 92007
Purpose of Disbursement Office expense reimbursement		002 Category/ Type
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. Amtrak		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 60 Massachusetts Ave. NE 4th Fl. West		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682. Amount of Each Disbursement this Period 368.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Travel expense reimbursement		002 Category/ Type
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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).....▶	8916.72
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.4682

The remaining \$1,035.72 in expense reimbursements to Bluebonnet Fundraising 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"/> 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. Delta Air Lines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4682.3
Amount of Each Disbursement this Period
753.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 11 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4682.3
Amount of Each Disbursement this Period
843.10

Memo Item

Full Name (Last, First, Middle Initial)

C. St. Regis Deer Valley

Mailing Address 2300 Deer Valley Drive East

City Park City State UT Zip Code 84060

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 11 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4682.3
Amount of Each Disbursement this Period
762.90

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"/> 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. St. Regis Deer Valley		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 2300 Deer Valley Drive East		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682.! Amount of Each Disbursement this Period [REDACTED] 64.64
City Park City	State UT	Zip Code 84060
Purpose of Disbursement Travel expense reimbursement		Category/Type 002
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 60 Massachusetts Ave. NE 4th Fl. West		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682.€ Amount of Each Disbursement this Period [REDACTED] 10.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Travel expense reimbursement		Category/Type 002
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Annabelle Inn		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 232 W. Main Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682. Amount of Each Disbursement this Period [REDACTED] 1024.08
City Aspen	State CO	Zip Code 81611
Purpose of Disbursement Travel expense reimbursement		Category/Type 002
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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. United Airlines, Inc.		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015	
Mailing Address PO Box 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682.1 Amount of Each Disbursement this Period [REDACTED] 852.10	
City Chicago	State IL	Zip Code 60606	Category/ Type 002
Purpose of Disbursement Travel expense reimbursement			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. United Airlines, Inc.		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015	
Mailing Address PO Box 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682.9 Amount of Each Disbursement this Period [REDACTED] 879.10	
City Chicago	State IL	Zip Code 60606	Category/ Type 002
Purpose of Disbursement Travel expense reimbursement			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. FedEx Office		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015	
Mailing Address 1512 14th St. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682. Amount of Each Disbursement this Period [REDACTED] 283.46	
City Washington	State DC	Zip Code 20005	Category/ Type 002
Purpose of Disbursement Office expense reimbursement			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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. San Mateo Marriott San Francisco Airport

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2015

Mailing Address 1770 S Amphlett Blvd.

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4682.
Amount of Each Disbursement this Period

[REDACTED] 335.88

Memo Item

City San Mateo State CA Zip Code 94402

Purpose of Disbursement
Travel expense reimbursement

001
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. United Airlines, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2015

Mailing Address PO Box 06649

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4682.1
Amount of Each Disbursement this Period

[REDACTED] 549.07

Memo Item

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2015

Mailing Address PO Box 06649

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4682.
Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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. United Airlines, Inc.		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015	
Mailing Address PO Box 06649		FEC Identification Number C [REDACTED]	
City Chicago	State IL	Zip Code 60606	Transaction ID : SB21B.4682.
Purpose of Disbursement Travel expense reimbursement		Category/Type 002	Amount of Each Disbursement this Period 25.00
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. United Airlines, Inc.		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015	
Mailing Address PO Box 06649		FEC Identification Number C [REDACTED]	
City Chicago	State IL	Zip Code 60606	Transaction ID : SB21B.4682.1
Purpose of Disbursement Travel expense reimbursement		Category/Type 002	Amount of Each Disbursement this Period 231.99
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. idonate Pro		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015	
Mailing Address 2033 San Elijo Ave. #203		FEC Identification Number C [REDACTED]	
City Cardiff by the Sea	State CA	Zip Code 92007	Transaction ID : SB21B.4682.
Purpose of Disbursement Office expense reimbursement		Category/Type 002	Amount of Each Disbursement this Period 375.00
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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).....▶	0.00
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"/> 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. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

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

/ /

FEC Identification Number

Transaction ID : SB21B.4682.
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4755
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4864
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"/> 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. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
Travel, subsistence, and office expense reimbursement

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 04 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4869
Amount of Each Disbursement this Period
5284.11

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

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4869.C
Amount of Each Disbursement this Period
158.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FedEx Office

Mailing Address 1512 14th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Office expense reimbursement

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 19 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4869.
Amount of Each Disbursement this Period
5.18

Memo Item

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

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

5284.11

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4869

The remaining \$205.06 in expense reimbursements to Bluebonnet Fundraising 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"/> 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. idonate Pro

Mailing Address 2033 San Elijo Ave. #203

City Cardiff by the Sea State CA Zip Code 92007

Purpose of Disbursement
Office expense reimbursement

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4869.1
Amount of Each Disbursement this Period
375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Live Nation Worldwide, Inc.

Mailing Address 9348 Civic Center Drive

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Fundraiser--entertainment

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4869.3
Amount of Each Disbursement this Period
2790.00

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/subsistence reimbursement

002
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4869.
Amount of Each Disbursement this Period
470.13

Memo Item

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

0.00

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"/> 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. New York Marriot Marquis		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1535 Broadway		FEC Identification Number C [REDACTED]
City New York	State NY	Zip Code 10036
Purpose of Disbursement Travel expense reimbursement		002 Category/Type
Candidate Name		Transaction ID : SB21B.4869.! Amount of Each Disbursement this Period 31.04
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. StubHub		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 199 Fremont Street Floor 4		FEC Identification Number C [REDACTED]
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Fundraiser--entertainment		002 Category/Type
Candidate Name		Transaction ID : SB21B.4869.€ Amount of Each Disbursement this Period 597.99
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. US Airways		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 4000 E. Sky Harbor Blvd.		FEC Identification Number C [REDACTED]
City Phoenix	State AZ	Zip Code 85034
Purpose of Disbursement Travel expense reimbursement		002 Category/Type
Candidate Name		Transaction ID : SB21B.4869. Amount of Each Disbursement this Period 451.50
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 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. Vista Print

Mailing Address 95 Hayden Ave.

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Office expense reimbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 14 / 2015

FEC Identification Number

Transaction ID : SB21B.4869.i
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 02 / 2015

FEC Identification Number

Transaction ID : SB21B.4865
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
Office expense reimbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 02 / 2015

FEC Identification Number

Transaction ID : SB21B.4880
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"/> 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. idonate Pro		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2033 San Elijo Ave. #203		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4880.1 Amount of Each Disbursement this Period [REDACTED] 375.00
City Cardiff by the Sea	State CA	Zip Code 92007
Purpose of Disbursement Office expense reimbursement		Category/ Type 001
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Bluebonnet Fundraising LLC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 3300 Bee Caves Road #650-1151		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4866 Amount of Each Disbursement this Period [REDACTED] 10000.00
City Austin	State TX	Zip Code 78746
Purpose of Disbursement General campaign consulting		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Bluebonnet Fundraising LLC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 3300 Bee Caves Road #650-1151		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4882 Amount of Each Disbursement this Period [REDACTED] 2634.48
City Austin	State TX	Zip Code 78746
Purpose of Disbursement Travel, subsistence, and office expense reimbursement		Category/ Type 002
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 12634.48
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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. Bistro Cacao Restaurant		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 320 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4882.1 Amount of Each Disbursement this Period [REDACTED] 1236.30
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Subsistence expense reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. Charleston Marriott		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address 170 Lockwood Boulevard		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4882.1 Amount of Each Disbursement this Period [REDACTED] 215.51
City Charleston	State SC	Zip Code 29403
Purpose of Disbursement Travel expense reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. idonate Pro		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 2033 San Elijo Ave. #203		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4882.1 Amount of Each Disbursement this Period [REDACTED] 375.00
City Cardiff by the Sea	State CA	Zip Code 92007
Purpose of Disbursement Office expense reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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. 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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4882.:
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4867
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bluebonnet Fundraising LLC

Mailing Address 3300 Bee Caves Road #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement
General campaign consulting

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4868
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"/> 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. Bressler, Jordan, C., ,		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015	
Mailing Address 25 Cape May Pt.		FEC Identification Number C [REDACTED]	
City Greensboro	State SC	Zip Code 27455	Transaction ID : SB21B.4990
Purpose of Disbursement Website hosting		Category/Type 004	Amount of Each Disbursement this Period 3350.00
Candidate Name		Memo Item <input type="checkbox"/>	
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. Bressler, Jordan, C., ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015	
Mailing Address 25 Cape May Pt.		FEC Identification Number C [REDACTED]	
City Greensboro	State SC	Zip Code 27455	Transaction ID : SB21B.4986
Purpose of Disbursement Media placement		Category/Type 004	Amount of Each Disbursement this Period 7971.95
Candidate Name		Memo Item <input type="checkbox"/>	
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. Why People Click		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015	
Mailing Address 824 Raintree Ct.		FEC Identification Number C [REDACTED]	
City Randleman	State NC	Zip Code 27317	Transaction ID : SB21B.4986
Purpose of Disbursement Media placement		Category/Type 004	Amount of Each Disbursement this Period 7971.95
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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).....▶	11321.95
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"/> 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. Bressler, Jordan, C., ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015	
Mailing Address 25 Cape May Pt.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4991 Amount of Each Disbursement this Period [REDACTED] 3350.00	
City Greensboro	State SC	Zip Code 27455	Category/ Type 004
Purpose of Disbursement Website hosting			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Bressler, Jordan, C., ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015	
Mailing Address 25 Cape May Pt.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4992 Amount of Each Disbursement this Period [REDACTED] 3350.00	
City Greensboro	State SC	Zip Code 27455	Category/ Type 004
Purpose of Disbursement Website hosting			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Bressler, Jordan, C., ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015	
Mailing Address 25 Cape May Pt.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4993 Amount of Each Disbursement this Period [REDACTED] 3350.00	
City Greensboro	State SC	Zip Code 27455	Category/ Type 004
Purpose of Disbursement Website hosting			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[REDACTED] 10050.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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. Bressler, Jordan, C., ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015	
Mailing Address 25 Cape May Pt.		FEC Identification Number C [REDACTED]	
City Greensboro	State SC	Zip Code 27455	Transaction ID : SB21B.4994
Purpose of Disbursement Website hosting		Category/ Type 004	Amount of Each Disbursement this Period 3350.00
Candidate Name		<input type="checkbox"/> Memo Item	
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. Bressler, Jordan, C., ,		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015	
Mailing Address 25 Cape May Pt.		FEC Identification Number C [REDACTED]	
City Greensboro	State SC	Zip Code 27455	Transaction ID : SB21B.4995
Purpose of Disbursement Website hosting		Category/ Type 004	Amount of Each Disbursement this Period 3350.00
Candidate Name		<input type="checkbox"/> Memo Item	
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. Coleman, Norman, , Hon., Jr.		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 909 Osceola Ave.		FEC Identification Number C [REDACTED]	
City St. Paul	State MN	Zip Code 55105	Transaction ID : SB21B.4783
Purpose of Disbursement Travel expense reimbursement		Category/ Type 002	Amount of Each Disbursement this Period 1966.30
Candidate Name		<input type="checkbox"/> Memo Item	
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).....▶	8666.30
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"/> 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. Delta Air Lines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel expense reimbursement

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4783.1
Amount of Each Disbursement this Period
1108.20

Memo Item

Full Name (Last, First, Middle Initial)

B. MN Airlines LLC, dba Sun Country Airlines

Mailing Address 1300 Mendota Heights Road

City Mendota Heights State MN Zip Code 55120

Purpose of Disbursement
Travel expense reimbursement

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4783.1
Amount of Each Disbursement this Period
858.10

Memo Item

Full Name (Last, First, Middle Initial)

C. DT Client Services

Mailing Address 735 8th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
List aquisition

003
 004
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 09 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4998
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

500.00

**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"/> 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. In Transit Studios

Mailing Address 4260 Farr Ct.

City Grove City State OH Zip Code 43123

Purpose of Disbursement Website services

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

FEC Identification Number

Transaction ID : SB21B.4999
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. In Transit Studios

Mailing Address 4260 Farr Ct.

City Grove City State OH Zip Code 43123

Purpose of Disbursement Website services

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

FEC Identification Number

Transaction ID : SB21B.5000
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. King, Andrew, , ,

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement General campaign consulting

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			02			2015			

FEC Identification Number

Transaction ID : SB21B.4739
 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"/> 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. King, Andrew, , ,		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 6950 Greenvale St. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4740 Amount of Each Disbursement this Period 4775.16
City Washington	State DC	Zip Code 20015
Purpose of Disbursement Travel and office expense reimbursement		002 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
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. American Airlines		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 4333 Amon Carter Boulevard MD 5675		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4740.C Amount of Each Disbursement this Period 667.60
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement Travel expense reimbursement		002 Category/ Type
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. United Airlines, Inc.		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address PO Box 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4740. Amount of Each Disbursement this Period 852.10
City Chicago	State IL	Zip Code 60606
Purpose of Disbursement Travel expense reimbursement		002 Category/ Type
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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).....▶	4775.16
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.4740

The remaining \$858.46 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"/> 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. Verizon Wireless

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement
Office 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
06 / 18 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.3
Amount of Each Disbursement this Period
162.71

Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

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
06 / 24 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.3
Amount of Each Disbursement this Period
512.10

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.
Amount of Each Disbursement this Period
52.53

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"/> 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

002
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.!
Amount of Each Disbursement this Period
33.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotel Tonight

Mailing Address 901 Market St #310

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.€
Amount of Each Disbursement this Period
443.00

Memo Item

Full Name (Last, First, Middle Initial)

C. San Mateo Marriott San Francisco Airport

Mailing Address 1770 S Amphlett Blvd.

City San Mateo State CA Zip Code 94402

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.
Amount of Each Disbursement this Period
359.88

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"/> 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. Avis Rent a Car

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.1
Amount of Each Disbursement this Period
723.06

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

002
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4740.9
Amount of Each Disbursement this Period
110.70

Memo Item

Full Name (Last, First, Middle Initial)

C. King, Andrew, , ,

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4808
Amount of Each Disbursement this Period
18000.00

Memo Item

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

18000.00

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"/> 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. King, Andrew, , ,		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 6950 Greenvale St. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4814 Amount of Each Disbursement this Period 1279.95
City Washington	State DC	Zip Code 20015
Purpose of Disbursement Travel and office expense reimbursement		Category/Type 002
Candidate Name		Memo Item <input type="checkbox"/>
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. Lyft		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 548 Market St. #68514		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4814.C Amount of Each Disbursement this Period 25.71
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Travel exepnse reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. Lyft		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 548 Market St. #68514		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4814. Amount of Each Disbursement this Period 26.17
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement Travel exepnse reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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).....▶	1279.95
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.4814

The remaining \$344.10 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"/> 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 exepnse 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
07 / 30 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4814.3
Amount of Each Disbursement this Period
103.07

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel exepnse 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
07 / 24 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4814.3
Amount of Each Disbursement this Period
345.20

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Travel exepnse 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
07 / 27 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4814.
Amount of Each Disbursement this Period
200.00

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"/> 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. Verizon Wireless

Mailing Address PO Box 4003

City Acworth State GA Zip Code 30101

Purpose of Disbursement
Office expense reimbursement

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 18 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4814.!
Amount of Each Disbursement this Period
235.70

Memo Item

Full Name (Last, First, Middle Initial)

B. King, Andrew, , ,

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4809
Amount of Each Disbursement this Period
18000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. King, Andrew, , ,

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel, subsistence, and office expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4821
Amount of Each Disbursement this Period
1245.26

Memo Item

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

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

19245.26

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

Form/Schedule: SB21B

Transaction ID : SB21B.4821

The remaining \$306.39 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"/> 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. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4821.1
Amount of Each Disbursement this Period
396.00

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

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4821.1
Amount of Each Disbursement this Period
349.88

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

001
 002
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 18 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4821.1
Amount of Each Disbursement this Period
192.99

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"/> 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. King, Andrew, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015	
Mailing Address 6950 Greenvale St. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4810 Amount of Each Disbursement this Period 18000.00	
City Washington	State DC	Zip Code 20015	Category/ Type 001
Purpose of Disbursement General campaign consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
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. King, Andrew, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015	
Mailing Address 6950 Greenvale St. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4825 Amount of Each Disbursement this Period 1370.93	
City Washington	State DC	Zip Code 20015	Category/ Type 002
Purpose of Disbursement Travel/subsistence reimbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Amtrak		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015	
Mailing Address 60 Massachusetts Ave. NE 4th Fl. West		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4825. Amount of Each Disbursement this Period 368.00	
City Washington	State DC	Zip Code 20002	Category/ Type 002
Purpose of Disbursement Travel expense reimbursement			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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).....▶	19370.93
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4825

The remaining \$248.21 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"/> 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. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

001
 002
Category/
Type

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
09 / 09 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4825.
Amount of Each Disbursement this Period
83.00

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

001
 002
Category/
Type

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
09 / 10 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4825.2
Amount of Each Disbursement this Period
16.25

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

001
 002
Category/
Type

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
09 / 10 / 2015

FEC Identification Number

C
Transaction ID : SB21B.4825.
Amount of Each Disbursement this Period
15.49

Memo Item

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

0.00

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"/> 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

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4825.4
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 548 Market St. #68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Travel expense reimbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4825.5
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

/ /

FEC Identification Number

Transaction ID : SB21B.4825.
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"/> 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. Spirit Airlines

Mailing Address 2800 Executive Way

City Miramar State FL Zip Code 33025

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

/ /

FEC Identification Number

Transaction ID : SB21B.4825.;
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. King, Andrew, , ,

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel, subsistence and office expense reimbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4836
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 5675

City Fort Worth State TX Zip Code 76155

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

/ /

FEC Identification Number

Transaction ID : SB21B.4836.
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.4836

The remaining \$606.54 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"/> 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. American Airlines

Mailing Address 4333 Amon Carter Boulevard
MD 5675

City Fort Worth State TX Zip Code 76155

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
MM / DD / YYYY
10 / 06 / 2015

FEC Identification Number

Transaction ID : SB21B.4836.
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 28 / 2015

FEC Identification Number

Transaction ID : SB21B.4836.2
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Charleston Marriott

Mailing Address 170 Lockwood Boulevard

City Charleston State SC Zip Code 29403

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
MM / DD / YYYY
10 / 03 / 2015

FEC Identification Number

Transaction ID : SB21B.4836.
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"/> 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. Kiawah Island Golf Resort		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015	
Mailing Address 1 Sanctuary Beach Dr.		FEC Identification Number C [REDACTED]	
City Kiawah Island	State SC	Zip Code 29455	Transaction ID : SB21B.4836.4
Purpose of Disbursement Travel expense reimbursement		Category/Type 002	Amount of Each Disbursement this Period 1709.50
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. Kiawah Island Golf Resort		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015	
Mailing Address 1 Sanctuary Beach Dr.		FEC Identification Number C [REDACTED]	
City Kiawah Island	State SC	Zip Code 29455	Transaction ID : SB21B.4836.5
Purpose of Disbursement Facility rental		Category/Type 002	Amount of Each Disbursement this Period 1480.57
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. Kiawah Island Golf Resort		Date of Disbursement MM / DD / YYYY 10 / 03 / 2015	
Mailing Address 1 Sanctuary Beach Dr.		FEC Identification Number C [REDACTED]	
City Kiawah Island	State SC	Zip Code 29455	Transaction ID : SB21B.4836.
Purpose of Disbursement Subsistence reimbursement		Category/Type 002	Amount of Each Disbursement this Period 23.71
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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).....▶	0.00
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"/> 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

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 28 / 2015

FEC Identification Number

Transaction ID : SB21B.4836.1
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
MM / DD / YYYY
09 / 29 / 2015

FEC Identification Number

Transaction ID : SB21B.4836.8
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
10 / 06 / 2015

FEC Identification Number

Transaction ID : SB21B.4836.
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"/> 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. New York Marriot Marquis		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 1535 Broadway		FEC Identification Number C [] Transaction ID : SB21B.4836. Amount of Each Disbursement this Period [] 805.61
City New York	State NY	Zip Code 10036
Purpose of Disbursement Travel expense reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. Sixt Franchise USA		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address 2900 S Federal Hwy		FEC Identification Number C [] Transaction ID : SB21B.4836.1 Amount of Each Disbursement this Period [] 256.68
City Fort Lauderdale	State FL	Zip Code 33316
Purpose of Disbursement Travel expense reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. Trattoria Trecolori		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 254 W 47th St.		FEC Identification Number C [] Transaction ID : SB21B.4836. Amount of Each Disbursement this Period [] 305.83
City New York	State NY	Zip Code 10036
Purpose of Disbursement Subsistence reimbursement		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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).....▶	[] 0.00
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"/> 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. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel expense reimbursement

002
Category/
Type

Candidate Name

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

Date of Disbursement
10 / 03 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4836.
Amount of Each Disbursement this Period
25.00

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

002
Category/
Type

Candidate Name

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

Date of Disbursement
10 / 05 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4836.1
Amount of Each Disbursement this Period
401.20

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

002
Category/
Type

Candidate Name

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

Date of Disbursement
10 / 13 / 2015

FEC Identification Number
C
Transaction ID : SB21B.4836.
Amount of Each Disbursement this Period
162.74

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"/> 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

A. King, Andrew, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement General campaign consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2015

FEC Identification Number: C

Transaction ID : SB21B.4811

Amount of Each Disbursement this Period: 10000.00

Memo Item

B. King, Andrew, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement General campaign consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 01 / 2015

FEC Identification Number: C

Transaction ID : SB21B.4812

Amount of Each Disbursement this Period: 10000.00

Memo Item

C. Langdon Law LLC

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2015

FEC Identification Number: C

Transaction ID : SB21B.4786

Amount of Each Disbursement this Period: 10505.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30505.92

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"/> 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. Langdon Law LLC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4890 Amount of Each Disbursement this Period 5426.25
City West Chester	State OH	Zip Code 45069
Purpose of Disbursement Legal fees	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
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. Langdon Law LLC		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4891 Amount of Each Disbursement this Period 5562.71
City West Chester	State OH	Zip Code 45069
Purpose of Disbursement Legal fees	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
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. Langdon Law LLC		Date of Disbursement MM / DD / YYYY 10 / 29 / 2015
Mailing Address 8913 Cincinnati-Dayton Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4892 Amount of Each Disbursement this Period 1064.98
City West Chester	State OH	Zip Code 45069
Purpose of Disbursement Legal fees	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
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).....▶	12053.94
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"/> 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. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

FEC Identification Number

C
Transaction ID : **SB21B.4893**
Amount of Each Disbursement this Period
1081.62

Memo Item

Full Name (Last, First, Middle Initial)

B. Market Research Insight

Mailing Address 362 Gulf Breeze Pkwy.
Suite 106

City Gulf Breeze State FL Zip Code 32561

Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

FEC Identification Number

C
Transaction ID : **SB21B.5001**
Amount of Each Disbursement this Period
12500.00

Memo Item

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

FEC Identification Number

C
Transaction ID : **SB21B.4773**
Amount of Each Disbursement this Period
23112.00

Memo Item

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

36693.62

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"/> 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. MH Media, LLC		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015	
Mailing Address 282 35th Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5024 Amount of Each Disbursement this Period 8957.00	
City Avalon	State NJ	Zip Code 08202	Category/Type 004
Purpose of Disbursement Production costs			
Candidate Name		Memo Item <input type="checkbox"/>	
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. MH Media, LLC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015	
Mailing Address 282 35th Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5021 Amount of Each Disbursement this Period 4500.00	
City Avalon	State NJ	Zip Code 08202	Category/Type 004
Purpose of Disbursement Production costs for website video content			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Nichols, Matthew, , ,		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015	
Mailing Address 5500 Sylvan Dr.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4974 Amount of Each Disbursement this Period 2382.80	
City Columbia	State SC	Zip Code 29206	Category/Type 002
Purpose of Disbursement Travel expense reimbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	15839.80
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.4974

The remaining \$548.24 in expense reimbursements to Mr. Nichols 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"/> 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. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

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
MM / DD / YYYY
07 / 28 / 2015

FEC Identification Number

Transaction ID : SB21B.4974.1
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

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
MM / DD / YYYY
07 / 30 / 2015

FEC Identification Number

Transaction ID : SB21B.4974.1
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

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
MM / DD / YYYY
08 / 28 / 2015

FEC Identification Number

Transaction ID : SB21B.4974.1
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"/> 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

A. Nichols, Matthew, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5500 Sylvan Dr.

City Columbia State SC Zip Code 29206

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 17 / 2015

FEC Identification Number: C

Transaction ID : **SB21B.4978**

Amount of Each Disbursement this Period: 2248.43

Memo Item

B. Alamo Car rental

Full Name (Last, First, Middle Initial)

Mailing Address 1 Airport Rd.

City Manchester State NH Zip Code 03103

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 03 / 2015

FEC Identification Number: C

Transaction ID : **SB21B.4978.c**

Amount of Each Disbursement this Period: 219.32

Memo Item

C. Expedia Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 25 / 2015

FEC Identification Number: C

Transaction ID : **SB21B.4978.**

Amount of Each Disbursement this Period: 283.20

Memo Item

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

2248.43

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.4978

The remaining \$431.78 in expense reimbursements to Mr. Nichols 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"/> 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. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

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
MM / DD / YYYY
08 / 26 / 2015

FEC Identification Number

Transaction ID : SB21B.4978.1
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia Inc.

Mailing Address 333 108th Ave. NE

City Bellevue State WA Zip Code 98004

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
MM / DD / YYYY
08 / 31 / 2015

FEC Identification Number

Transaction ID : SB21B.4978.3
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. On Point Strategy, LLC

Mailing Address 5500 Sylvan Dr.

City Columbia State SC Zip Code 29206

Purpose of Disbursement
Database services

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 24 / 2015

FEC Identification Number

Transaction ID : SB21B.5002
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"/> 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. On Point Strategy, LLC

Mailing Address 5500 Sylvan Dr.

City Columbia State SC Zip Code 29206

Purpose of Disbursement Database services

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	8		2	0	1	5		

FEC Identification Number

Transaction ID : SB21B.5003
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

 Amount of Each Disbursement this Period

Memo Item

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

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

8250.00
302566.79

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Avenue Ventures		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 10166 Rush Street		FEC Identification Number C []
City South El Monte	State CA	Zip Code 91733
Purpose of Disbursement Refund of contribution		Category/Type 010
Candidate Name		Transaction ID : SB28A.4997
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 25000.00
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Category/Type []
Candidate Name		Amount of Each Disbursement this Period []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Category/Type []
Candidate Name		Amount of Each Disbursement this Period []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	25000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4788
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4789
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4790
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	90.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4791
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4792
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4793
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4794
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4795
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 11 / 25 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4796
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4797
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 20.00
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015	
Mailing Address 1445-A Laughlin Ave.			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4798
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 20.00
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WidgetMakr		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015	
Mailing Address 1593 Spring Hill Rd. Suite 400			
City Tysons Corner	State VA	Zip Code 22182	
Purpose of Disbursement Credit card processing fees		<input type="checkbox"/> 003	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB29.4775
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 368.78
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....	408.78
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 05 / 2015

FEC Identification Number

Transaction ID : SB29.4776
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 19 / 2015

FEC Identification Number

Transaction ID : SB29.4778
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WidgetMakr

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 16 / 2015

FEC Identification Number

Transaction ID : SB29.4779
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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

A. WidgetMakr

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 23 / 2015

FEC Identification Number: C

Transaction ID : SB29.4780

Amount of Each Disbursement this Period: 1.48

Memo Item

B. WidgetMakr

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 17 / 2015

FEC Identification Number: C

Transaction ID : SB29.4781

Amount of Each Disbursement this Period: 5.15

Memo Item

C. WidgetMakr

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 16 / 2015

FEC Identification Number: C

Transaction ID : SB29.4782

Amount of Each Disbursement this Period: 66.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 73.55

TOTAL This Period (last page this line number only)..... ▶ 744.61

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 125
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MH Media, LLC			Nature of Debt (Purpose): Radio buy overcharge
Mailing Address 282 35th Street			
City Avalon	State NJ	Zip Code 08202	

Outstanding Balance Beginning This Period		Transaction ID : SD9.5026	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9990.00	0.00	9990.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	9990.00
2) TOTALS This Period (last page this line number only)..... ▶	9990.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9990.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee 406 Enterprises LLC
Mailing Address PO Box 75727
City Washington State DC Zip Code 20013
Purpose of Expenditure Mobile advertising Category/Type 004
Date of Public Distribution/Dissemination 09/08/2015
Amount 106970.41
Transaction ID : SE.4895
Date of Disbursement or Obligation 09/03/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1565026.41
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee 406 Enterprises LLC
Mailing Address PO Box 75727
City Washington State DC Zip Code 20013
Purpose of Expenditure Mobile advertising Category/Type 004
Date of Public Distribution/Dissemination 10/02/2015
Amount 50938.29
Transaction ID : SE.4896
Date of Disbursement or Obligation 10/01/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1615964.70
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 157908.70
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015		
Mailing Address PO Box 75727			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">24352.96</div>		
City Washington	State DC	Zip Code 20013			
Purpose of Expenditure Mobile advertisting (placement)		Category/Type 004	Transaction ID : SE.4897 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015		
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought 26668.44			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015		
Mailing Address PO Box 75727			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">901.96</div>		
City Washington	State DC	Zip Code 20013			
Purpose of Expenditure Mobile advertisting (placement)		Category/Type 004	Transaction ID : SE.4898 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015		
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought 179001.43			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">25254.92</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO Box 75727			Amount <input type="text"/>		
City Washington	State DC	Zip Code 20013	Transaction ID : SE.4899		
Purpose of Expenditure Mobile advertisting (placement)		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Graham, Lindsey, O., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO Box 75727			Amount <input type="text"/>		
City Washington	State DC	Zip Code 20013	Transaction ID : SE.4900		
Purpose of Expenditure Mobile advertisting (placement)		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Graham, Lindsey, O., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 75727	Amount <input type="text"/> 901.96 Transaction ID : SE.4902 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20013	
Purpose of Expenditure Mobile advertisting (placement) Category/Type <input type="text"/> 004	
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: NJ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3217.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 75727	Amount <input type="text"/> 901.96 Transaction ID : SE.4903 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20013	
Purpose of Expenditure Mobile advertisting (placement) Category/Type <input type="text"/> 004	
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3217.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1803.92
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015			
Mailing Address PO Box 75727	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.64</div> Transaction ID : SE.4905 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20013</td> </tr> </table>		City Washington	State DC	Zip Code 20013
City Washington		State DC	Zip Code 20013	
Purpose of Expenditure Mobile advertisting (placement)				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <u>NY</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
10433.12	2016			

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015			
Mailing Address PO Box 75727	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2705.88</div> Transaction ID : SE.4906 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:17%;">State DC</td> <td style="width:50%;">Zip Code 20013</td> </tr> </table>		City Washington	State DC	Zip Code 20013
City Washington		State DC	Zip Code 20013	
Purpose of Expenditure Mobile advertisting (placement)				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <u>VA</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
5021.35	2016			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">10823.52</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015			
Mailing Address PO Box 75727	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6313.72</div> Transaction ID : SE.4907 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20013</td> </tr> </table>		City Washington	State DC	Zip Code 20013
City Washington		State DC	Zip Code 20013	
Purpose of Expenditure Mobile advertisting (placement)				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: WI			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px; margin: 0 auto;">12029.19</div>			

Full Name of Payee <input type="checkbox"/> Memo Item 406 Enterprises LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 25 / 2015			
Mailing Address PO Box 75727	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28496.00</div> Transaction ID : SE.4908 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20013</td> </tr> </table>		City Washington	State DC	Zip Code 20013
City Washington		State DC	Zip Code 20013	
Purpose of Expenditure Mobile advertising				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: NH			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px; margin: 0 auto;">2892394.86</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">34809.72</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4910
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: AL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4911
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: AK
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4912
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: AZ
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4913
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: AR
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 40055 Glenmore Court	Amount <input type="text"/>
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4914 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Television advertising Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 40055 Glenmore Court	Amount <input type="text"/>
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4915 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Television advertising Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015			
Mailing Address 40055 Glenmore Court	Amount 2315.47			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Paeonian Springs</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>			
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015			
Mailing Address 40055 Glenmore Court	Amount 2315.47			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Paeonian Springs</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>			
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 10 / 2015</div>			
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2315.48</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Paeonian Springs</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 2315.48				
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 10 / 2015</div>			
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2315.47</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Paeonian Springs</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 2315.47				
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 10 / 2015</div>			
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2315.47</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Paeonian Springs</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 2315.47				
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4630.95</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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.

Bethea, William, L., Jr. **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4920 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>GA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4922 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>HI</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4630.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4923
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: ID
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4924
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: IL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4925
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 7565.47
Transaction ID : SE.4926
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: House Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9880.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4927 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: KS						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4928 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: KY						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4630.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015			
Mailing Address 40055 Glenmore Court	Amount 2315.47			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Paeonian Springs</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u>			
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015			
Mailing Address 40055 Glenmore Court	Amount 2315.47			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Paeonian Springs</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>			
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID: SE.4932
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: MD
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID: SE.4933
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: MA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4934 Date of Disbursement or Obligation 11 / 06 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising Category/Type 004							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>						
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4935 Date of Disbursement or Obligation 11 / 06 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising Category/Type 004							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>						
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4630.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate: Graham, Lindsey, O., Support
Office Sought: President State: MS
Calendar Year-To-Date Per Election for Office Sought 2315.47
Disbursement For: Primary 2016

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Name of Federal Candidate: Graham, Lindsey, O., Support
Office Sought: President State: MO
Calendar Year-To-Date Per Election for Office Sought 2315.47
Disbursement For: Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 10 / 2015</div>			
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2315.47</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Paeonian Springs</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>MT</u>			
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 10 / 2015</div>			
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2315.47</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Paeonian Springs</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20129</td> </tr> </table>		City Paeonian Springs	State VA	Zip Code 20129
City Paeonian Springs		State VA	Zip Code 20129	
Purpose of Expenditure Television advertising				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NE</u>			
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4630.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

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

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 40055 Glenmore Court		Amount <input type="text"/>	
City Paeonian Springs	State VA	Zip Code 20129	Transaction ID : SE.4941
Purpose of Expenditure Television advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Graham, Lindsey, O., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 40055 Glenmore Court		Amount <input type="text"/>	
City Paeonian Springs	State VA	Zip Code 20129	Transaction ID : SE.4942
Purpose of Expenditure Television advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Graham, Lindsey, O., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 40055 Glenmore Court	Amount <input type="text"/>
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4944
Purpose of Expenditure Television advertising Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CCAN Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 40055 Glenmore Court	Amount <input type="text"/>
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4945
Purpose of Expenditure Television advertising Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015		
Mailing Address 40055 Glenmore Court			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.48</div>		
City Paeonian Springs	State VA	Zip Code 20129			
Purpose of Expenditure Television advertising		Category/Type 004	Transaction ID : SE.4946 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015		
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 2315.48			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015		
Mailing Address 40055 Glenmore Court			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>		
City Paeonian Springs	State VA	Zip Code 20129			
Purpose of Expenditure Television advertising		Category/Type 004	Transaction ID : SE.4947 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015		
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 2315.47			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4630.95</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 40055 Glenmore Court		Amount <input type="text"/>	
City Paeonian Springs	State VA	Zip Code 20129	Transaction ID : SE.4948
Purpose of Expenditure Television advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Graham, Lindsey, O., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 40055 Glenmore Court		Amount <input type="text"/>	
City Paeonian Springs	State VA	Zip Code 20129	Transaction ID : SE.4950
Purpose of Expenditure Television advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Graham, Lindsey, O., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4951 Date of Disbursement or Obligation 11 / 06 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div> Transaction ID : SE.4952 Date of Disbursement or Obligation 11 / 06 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Paeonian Springs</td> <td>VA</td> <td>20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4630.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID: SE.4953
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID: SE.4954
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: RI
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 9565.47
Transaction ID : SE.4955
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: SC
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID : SE.4956
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: SD
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 11880.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ➤
 New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015	
Mailing Address 40055 Glenmore Court		Amount 2315.47	
City Paeonian Springs	State VA	Zip Code 20129	Transaction ID : SE.4957 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Purpose of Expenditure Television advertising		Category/Type 004	
Name of Federal Candidate: Graham, Lindsey, O., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TN </u>	
Calendar Year-To-Date Per Election for Office Sought 2315.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015	
Mailing Address 40055 Glenmore Court		Amount 2315.47	
City Paeonian Springs	State VA	Zip Code 20129	Transaction ID : SE.4959 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Purpose of Expenditure Television advertising		Category/Type 004	
Name of Federal Candidate: Graham, Lindsey, O., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TX </u>	
Calendar Year-To-Date Per Election for Office Sought 2315.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 10 / 2015 </div>
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4960 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2015 </div>
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ Graham, Lindsey, O., , <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 10 / 2015 </div>
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2315.47</div>
City Paeonian Springs State VA Zip Code 20129	Transaction ID : SE.4961 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 06 / 2015 </div>
Purpose of Expenditure Television advertising Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ Graham, Lindsey, O., , <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought 2315.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4630.94</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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 Bethea, William, L., Jr. **[Electronically Filed]** Date 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID: SE.4962
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: VA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC
Mailing Address 40055 Glenmore Court
City Paeonian Springs State VA Zip Code 20129
Purpose of Expenditure Television advertising Category/Type 004
Date of Public Distribution/Dissemination 11/10/2015
Amount 2315.47
Transaction ID: SE.4963
Date of Disbursement or Obligation 11/06/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: WA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4630.94
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CCAN Media, LLC Memo Item

Date of Public Distribution/Dissemination 11 / 10 / 2015

Mailing Address 40055 Glenmore Court

Amount 2315.47

City Paeonian Springs State VA Zip Code 20129

Transaction ID : SE.4964

Purpose of Expenditure Television advertising Category/Type 004

Date of Disbursement or Obligation 11 / 06 / 2015

Name of Federal Candidate: Graham, Lindsey, O., Support Oppose

Office Sought: House District: President Senate State: WV

Calendar Year-To-Date Per Election for Office Sought 2315.47

Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CCAN Media, LLC Memo Item

Date of Public Distribution/Dissemination 11 / 10 / 2015

Mailing Address 40055 Glenmore Court

Amount 5715.47

City Paeonian Springs State VA Zip Code 20129

Transaction ID : SE.4965

Purpose of Expenditure Television advertising Category/Type 004

Date of Disbursement or Obligation 11 / 06 / 2015

Name of Federal Candidate: Graham, Lindsey, O., Support Oppose

Office Sought: House District: President Senate State: WI

Calendar Year-To-Date Per Election for Office Sought 5715.47

Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 8030.94

(a) SUBTOTAL of Unitemized Independent Expenditures

(a) TOTAL Independent Expenditures

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.

Betha, William, L., Jr. [Electronically Filed]
Signature

Date 10 / 27 / 2016

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ➤ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item CCAN Media, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015						
Mailing Address 40055 Glenmore Court	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2315.47</div> Transaction ID : SE.4966 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Paeonian Springs</td> <td style="padding: 2px;">VA</td> <td style="padding: 2px;">20129</td> </tr> </table>		City	State	Zip Code	Paeonian Springs	VA	20129
City		State	Zip Code				
Paeonian Springs	VA	20129					
Purpose of Expenditure Television advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>WY</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2315.47</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2015						
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">372284.00</div> Transaction ID : SE.4802 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Avalon</td> <td style="padding: 2px;">NJ</td> <td style="padding: 2px;">08202</td> </tr> </table>		City	State	Zip Code	Avalon	NJ	08202
City		State	Zip Code				
Avalon	NJ	08202					
Purpose of Expenditure Television advertising (placement costs)							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Graham, Lindsey, O., ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">372284.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">374599.47</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Television advertising (placement costs)
Category/Type 004
Date of Public Distribution/Dissemination 07/31/2015
Amount 127716.00
Transaction ID : SE.4803
Date of Disbursement or Obligation 07/27/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: House Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Television advertising (production costs)
Category/Type 004
Date of Public Distribution/Dissemination 07/31/2015
Amount 10324.00
Transaction ID : SE.4804
Date of Disbursement or Obligation 07/27/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: House Senate State: NH
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 138040.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 31 / 2015</div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5318.00</div>
City Avalon State NJ Zip Code 08202	
Purpose of Expenditure Television advertising (production costs) Category/Type 004	
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: IA <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 170534.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 14 / 2015</div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1075448.00</div>
City Avalon State NJ Zip Code 08202	
Purpose of Expenditure Television advertising (placement costs) Category/Type 004	
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: NH <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1458056.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1080766.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

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

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 410000.00 </div>
City Avalon State NJ Zip Code 08202	
Purpose of Expenditure Television advertising (placement costs) Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">2025964.70</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 39990.00 </div>
City Avalon State NJ Zip Code 08202	
Purpose of Expenditure Radio advertising (placement costs) Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Graham, Lindsey, O., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">2065954.70</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 449990.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.4969

Original payment to vendor of \$39,990 for advertising fees (for placement) was later reduced to \$30,000, but the vendor did not refund the \$9,990. In its original and amended 2015 year-end report, the Committee disclosed on Schedule D the remaining \$9,990 as an obligation owed from the vendor to the Committee. More than a year later, after numerous unsuccessful attempts to obtain the refund from the vendor, the Committee concluded that it was not worth the additional cost to the Committee to pursue recovery of the debt, and so it forgave the debt. Due to the fact that the Committee had not spent the \$9,990 on an independent expenditure, the Committee did not include the \$9,990 on Schedule E of the same report, which caused an imbalance in the Cash on Hand totals for the 2015 year-end and subsequent quarterly reports. Based on the advice of the Committee's analyst received on October 27, 2016, the Committee is amending its 2015 year-end report to include the \$9,990 on Schedule E.

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>			
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1242.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Avalon</td> <td style="width:17%; padding: 2px;">State NJ</td> <td style="width:50%; padding: 2px;">Zip Code 08202</td> </tr> </table>		City Avalon	State NJ	Zip Code 08202
City Avalon		State NJ	Zip Code 08202	
Purpose of Expenditure Radio advertising (production costs)	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">2067196.70</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>				

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>			
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 12197.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Avalon</td> <td style="width:17%; padding: 2px;">State NJ</td> <td style="width:50%; padding: 2px;">Zip Code 08202</td> </tr> </table>		City Avalon	State NJ	Zip Code 08202
City Avalon		State NJ	Zip Code 08202	
Purpose of Expenditure Television advertising (production costs)	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: Graham, Lindsey, O., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">2079393.70</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 13439.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Bethea, William, L., Jr.
 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure In-kind: television advertising (production costs)
Category/Type 004
Date of Public Distribution/Dissemination 09/14/2015
Amount 15083.00
Transaction ID : SE.5059
Date of Disbursement or Obligation 10/02/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2094476.70
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)
Category/Type 004
Date of Public Distribution/Dissemination 11/09/2015
Amount 193.73
Transaction ID : SE.5010
Date of Disbursement or Obligation 11/11/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 179195.16
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15276.73
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)
Category/Type 004
Date of Public Distribution/Dissemination 11/09/2015
Amount 193.73
Transaction ID : SE.5011
Date of Disbursement or Obligation 11/11/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2113898.86
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)
Category/Type 004
Date of Public Distribution/Dissemination 11/09/2015
Amount 193.73
Transaction ID : SE.5012
Date of Disbursement or Obligation 11/11/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 3411.16
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 387.46
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015						
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 193.73 </div> Transaction ID : SE.5013 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 11 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Avalon</td> <td>NJ</td> <td>08202</td> </tr> </table>		City	State	Zip Code	Avalon	NJ	08202
City		State	Zip Code				
Avalon	NJ	08202					
Purpose of Expenditure Mobile advertising (production cost)							
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <u>NV</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px; margin: 5px auto;"> M M / D D / Y Y Y Y Y Y 3411.16 </div>						

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015						
Mailing Address 282 35th Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 193.73 </div> Transaction ID : SE.5014 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 11 / 2015						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Avalon</td> <td>NJ</td> <td>08202</td> </tr> </table>		City	State	Zip Code	Avalon	NJ	08202
City		State	Zip Code				
Avalon	NJ	08202					
Purpose of Expenditure Mobile advertising (production cost)							
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <u>MA</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px; margin: 5px auto;"> M M / D D / Y Y Y Y Y Y 3411.16 </div>						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 387.46 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination 11 / 09 / 2015			
Mailing Address 282 35th Street	Amount 581.18			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Avalon</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NJ</td> <td style="padding: 2px;">Zip Code 08202</td> </tr> </table>		City Avalon	State NJ	Zip Code 08202
City Avalon		State NJ	Zip Code 08202	
Purpose of Expenditure Mobile advertising (production cost)				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
5602.53	2016			

Full Name of Payee <input type="checkbox"/> Memo Item MH Media, LLC	Date of Public Distribution/Dissemination 11 / 09 / 2015			
Mailing Address 282 35th Street	Amount 1356.08			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Avalon</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NJ</td> <td style="padding: 2px;">Zip Code 08202</td> </tr> </table>		City Avalon	State NJ	Zip Code 08202
City Avalon		State NJ	Zip Code 08202	
Purpose of Expenditure Mobile advertising (production cost)				
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
13385.27	2016			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	1937.26
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)
Category/Type 004
Date of Public Distribution/Dissemination 11/09/2015
Amount 1743.53
Transaction ID : SE.5018
Date of Disbursement or Obligation 11/11/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 12176.65
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee MH Media, LLC
Mailing Address 282 35th Street
City Avalon State NJ Zip Code 08202
Purpose of Expenditure Mobile advertising (production cost)
Category/Type 004
Date of Public Distribution/Dissemination 11/09/2015
Amount 5230.56
Transaction ID : SE.5020
Date of Disbursement or Obligation 11/11/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 31899.00
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6974.09
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr. [Electronically Filed] Date 10/27/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC
FEC IDENTIFICATION NUMBER C C00573733

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Wilson Grand Communications
Mailing Address 429 St. Asaph Street
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Cable advertising (placement) Category/Type 004
Date of Public Distribution/Dissemination 11/25/2015
Amount 500000.00
Transaction ID : SE.5006
Date of Disbursement or Obligation 11/23/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2613898.86
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Wilson Grand Communications
Mailing Address 429 St. Asaph Street
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Cable advertising (placement) Category/Type 004
Date of Public Distribution/Dissemination 11/25/2015
Amount 250000.00
Transaction ID : SE.5007
Date of Disbursement or Obligation 11/23/2015

Name of Federal Candidate: Graham, Lindsey, O.,
Support Oppose
Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2863898.86
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 750000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

10/27/2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Wilson Grand Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 25 / 2015</div>		
Mailing Address 429 St. Asaph Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Cable advertising (production)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : SE.5005 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 25 / 2015</div>		
Name of Federal Candidate: Graham, Lindsey, O., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2897394.86</div>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 25 / 2015</div>		

Full Name of Payee <input type="checkbox"/> Memo Item Wilson Grand Communications			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 25 / 2015</div>		
Mailing Address 429 St. Asaph Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250000.00</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Cable advertising (placement)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.5008 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 25 / 2015</div>		
Name of Federal Candidate: Graham, Lindsey, O., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3147394.86</div>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 25 / 2015</div>		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">255000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Bethea, William, L., Jr.

[Electronically Filed]

Date

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

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573733 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Wilson Grand Communications	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 429 St. Asaph Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 10000.00 </div>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Cable advertising (production) Category/Type 004	
Name of Federal Candidate: Graham, Lindsey, O., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Other State: NH
Calendar Year-To-Date Per Election for Office Sought 3157394.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
City State Zip Code	
Purpose of Expenditure Category/Type 	
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other 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) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 10000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 3476886.70 </div>

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 Bethea, William, L., , Jr.

 Date
M M / D D / Y Y Y Y Y Y

[Electronically Filed]