

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 POLICE OFFICERS DEFENSE ALLIANCE LLC

ADDRESS (number and street) 8228 Fawn Meadow Ave LAS VEGAS NV 89149

2. FEC IDENTIFICATION NUMBER C00667865 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2020 through 09 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. POLLOCK, KECIA, MARIE, Type or Print Name of Treasurer

Signature of Treasurer POLLOCK, KECIA, MARIE, [Electronically Filed] Date 10 / 13 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

POLICE OFFICERS DEFENSE ALLIANCE LLC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="220908.43"/>	<input type="text" value="220908.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="279255.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="629771.08"/>	<input type="text" value="2240026.19"/>
(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="909026.26"/>	<input type="text" value="2460934.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="755595.32"/>	<input type="text" value="2307503.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="153430.94"/>	<input type="text" value="153430.94"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

POLICE OFFICERS DEFENSE ALLIANCE LLC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9210.00	19265
(ii) Unitemized	625459.18	2225659.29
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	634669.18	2244924.29
(b) Political Party Committees	0.00	0
(c) Other Political Committees (such as PACs).....	0.00	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	634669.18	2244924.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0
13. All Loans Received	0.00	0
14. Loan Repayments Received.....	0.00	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	256.00	256
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	- 5154.10	- 5154.1
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0
(b) Levin Funds (from Schedule H5)	0.00	0
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	629771.08	2240026.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	629771.08	2240026.19

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
(ii) Non-Federal Share.....	0.00	0
(b) Other Federal Operating Expenditures	494025.59	2037968.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	494025.59	2037968.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9838.73	9838.73
24. Independent Expenditures (use Schedule E)	250000.00	250000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0
26. Loan Repayments Made.....	0.00	0
27. Loans Made.....	0.00	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1731.00	9696.12
(b) Political Party Committees	0.00	0
(c) Other Political Committees (such as PACs).....	0.00	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1731.00	9696.12
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0
(ii) "Levin" Share.....	0.00	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	755595.32	2307503.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	755595.32	2307503.68

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	634669.18	2244924.29
34. Total Contribution Refunds (from Line 28(d))	1731.00	9696.12
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	632938.18	2235228.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	494025.59	2037968.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	256.00	256
38. Net Operating Expenditures (subtract Line 37 from Line 36)	493769.59	2037712.83

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

Form/Schedule: F3XN
Transaction ID :

Regarding Schedule Transaction ID "SB21B-371671" on 8/31/2020 for \$2000 : When North Star was depositing his checks, the bank teller wrote a ZERO that looks like a TWO. This caused the bank to remove an extra \$2,000 from PODA's bank account. This was discovered during reconciliation, and we have contacted the bank and gotten the funds returned. Schedule "SB21B-371671" was created to account for this bank error , in this report. The Pre-General report will reflect the funds returning.

Form/Schedule: F3XN
Transaction ID:

The Schedule B23's listed in this report were contributions made in error. We have requested refunds from those committees. We will report the refund in the next appropriate F3X report, when the funds return

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XN
Transaction ID :

BEST EFFORTS PRACTICES - C006678651. Initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution. 2. Secondly, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to send back. 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor, 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule:
Transaction ID:

**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 60
(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)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ARTHUR, KATHLEEN, , ,
 Mailing Address 5462 S CORNELL AVE
 City CHICAGO State IL Zip Code 60615
 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 ▼ 350.00

Date of Receipt 08 / 07 / 2020
Transaction ID : SA11AI-21371888
 Amount of Each Receipt this Period 215.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOROSKI, JULIA, , ,
 Mailing Address 125 PALLISER ST
 City JOHNSTOWN State PA Zip Code 15905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 22 / 2020
Transaction ID : SA11AI-21368776
 Amount of Each Receipt this Period 180.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CORRELL, KIRK, , ,
 Mailing Address 115 E MAIN ST
 City STANFORD State KY Zip Code 40484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loader Occupation (for Individual) Self Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2020
Transaction ID : SA11AI-21371835
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 695.00
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 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. FEDLE, FRITZ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 ELYSIAN FIELDS AVE
 STE 103
 City NEW ORLEANS State LA Zip Code 70122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2020
Transaction ID : SA11AI-21351641
 Amount of Each Receipt this Period 250.00
 Memo Item

B. FERGUSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4953 MOUNT ROYAL RD
 City SAINT LOUIS State MO Zip Code 63128
 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 ▼ 1500.00

Date of Receipt 09 / 16 / 2020
Transaction ID : SA11AI-21369680
 Amount of Each Receipt this Period 500.00
 Memo Item

C. FOGLEMAN, RON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1543 FLORA AVE
 City BURLINGTON State NC Zip Code 27217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) unemployed Occupation (for Individual) unemployed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2020
Transaction ID : SA11AI-21353511
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FREEMAN, JOSEPH, , ,

Mailing Address 39 CHURCH ST

City BOSTON	State MA	Zip Code 02116
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2020

Transaction ID : SA11AI-21368643

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 707 LAKE COOK RD
STE 118

City DEERFIELD	State IL	Zip Code 60015
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2020

Transaction ID : SA11AI-21354523

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 22403 SW 104TH AVE

City TUALATIN	State OR	Zip Code 97062
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOUSE WIFE	Occupation (for Individual) HOUSE WIFE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2020

Transaction ID : SA11AI-21370154

Amount of Each Receipt this Period
160.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
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 11 OF 60
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. HOFFMAN, RONALD L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1898 FRIEDENSBURG RD
 City READING State PA Zip Code 19606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 19 / 2020
Transaction ID : SA11AI-21371133
 Amount of Each Receipt this Period 120.00
 Memo Item

B. HOLDEN, RAYE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 LAKE VILLAGE DR
 City ANN ARBOR State MI Zip Code 48103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 10 / 2020
Transaction ID : SA11AI-21369831
 Amount of Each Receipt this Period 150.00
 Memo Item

C. HOLMGREN, CLARE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 WINTER ST
 City BROCKTON State MA Zip Code 02302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) RETIRED NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2020
Transaction ID : SA11AI-21363642
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	370.00
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 60
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. HURT, JOEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7503 STONECLIFF DR

City AUSTIN	State TX	Zip Code 78731
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2020

Transaction ID : SA11AI-21360479

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 6460 CONVOY CT
SPC 82

City SAN DIEGO	State CA	Zip Code 92117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) STAY HOME DAD
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2020

Transaction ID : SA11AI-21372172

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 6597 NICHOLAS BLVD
APT 1202

City NAPLES	State FL	Zip Code 34108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2020

Transaction ID : SA11AI-21372371

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	565.00
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 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. JOHNSON, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3905 69TH ST
 City URBAN DALE State IA Zip Code 50322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2020
Transaction ID : SA11AI-21369099
 Amount of Each Receipt this Period 300.00
 Memo Item

B. KALLANDER, MARSHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 765 SW BARRINGTON DR
 City OAK HARBOR State WA Zip Code 98277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2020
Transaction ID : SA11AI-21362253
 Amount of Each Receipt this Period 500.00
 Memo Item

C. KELLER, CHARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7602 APPLE VALLEY RD
 City GERMANTOWN State TN Zip Code 38138
 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 ▼ 400.00

Date of Receipt 08 / 07 / 2020
Transaction ID : SA11AI-21371894
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 14 OF 60
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. KELLY, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 439 FAIRFAX RD
 City DREXEL HILL State PA Zip Code 19026
 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 ▼ 210.00

Date of Receipt 09 / 10 / 2020
Transaction ID : SA11AI-21369915
 Amount of Each Receipt this Period 105.00
 Memo Item

B. KOSSEK, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LLOYD PL
 City WILMINGTON State DE Zip Code 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 22 / 2020
Transaction ID : SA11AI-21368657
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LAZAR, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10560 WILSHIRE BLVD APT 804
 City LOS ANGELES State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2020
Transaction ID : SA11AI-21368027
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	605.00
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 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. LEAVITT, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1606 N SPRUCE RD
 City EXETER State CA Zip Code 93221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 10 / 2020
Transaction ID : SA11AI-21369836
 Amount of Each Receipt this Period 110.00
 Memo Item

B. LEE, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14414 BLANCO RD STE 300
 City SAN ANTONIO State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 09 / 21 / 2020
Transaction ID : SA11AI-21369117
 Amount of Each Receipt this Period 265.00
 Memo Item

C. LOCKE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 LAFAYETTE PL
 City GULFPORT State MS Zip Code 39507
 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 ▼ 220.00

Date of Receipt 08 / 28 / 2020
Transaction ID : SA11AI-21370703
 Amount of Each Receipt this Period 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	490.00
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 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. LOKKEN, WES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 W MAIN ST
 City JOHNSON CITY State TX Zip Code 78636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lokken Accounting & Tax LLC Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2020
Transaction ID : SA11AI-21353494
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. LONG, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 994 STEWART LAKE RD
 City KENT State OH Zip Code 44240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 disabled disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2020
Transaction ID : SA11AI-21371121
 Amount of Each Receipt this Period
 265.00
 Memo Item

C. MELSON, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 GARRETT RD
 City COLUMBIA State KY Zip Code 42728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Best Efforts Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2020
Transaction ID : SA11AI-21353477
 Amount of Each Receipt this Period
 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	430.00
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 60
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. PAYNE, DORIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 MONTAG CIR NE
 UNIT 141
 City ATLANTA State GA Zip Code 30307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 27 / 2020
Transaction ID : SA11AI-21370769
 Amount of Each Receipt this Period 220.00
 Memo Item

B. SCHMIDT, SHELLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3521
 City BRENTWOOD State TN Zip Code 37024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 08 / 28 / 2020
Transaction ID : SA11AI-21370685
 Amount of Each Receipt this Period 305.00
 Memo Item

C. SCHWELB, DIANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4879 POTOMAC AVE NW
 City WASHINGTON State DC Zip Code 20007
 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 ▼ 500.00

Date of Receipt 07 / 22 / 2020
Transaction ID : SA11AI-21372209
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. SOSNOWSKI, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 MORNING GLORY DR
 City DENTON State MD Zip Code 21629
 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 ▼ 215.00

Date of Receipt 09 / 22 / 2020
Transaction ID : SA11AI-21368867
 Amount of Each Receipt this Period 215.00
 Memo Item

B. SPENCER, VERNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2416 13TH AVE
 City GREELEY State CO Zip Code 80631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 25 / 2020
Transaction ID : SA11AI-21367519
 Amount of Each Receipt this Period 215.00
 Memo Item

C. TATE, ELEANOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 W RIVERSIDE DR APT 286
 City PARKER State AZ Zip Code 85344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 23 / 2020
Transaction ID : SA11AI-21368173
 Amount of Each Receipt this Period 215.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 19 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. THATE, ROSS D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 FAIRWAY DR
 City MANKATO State MN Zip Code 56001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) WELDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 22 / 2020**
Transaction ID : SA11AI-21372235
 Amount of Each Receipt this Period 250.00
 Memo Item

B. THOMPSON, CONRAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 17TH ST NE
 City ROCHESTER State MN Zip Code 55906
 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 ▼ 300.00

Date of Receipt **09 / 01 / 2020**
Transaction ID : SA11AI-21370351
 Amount of Each Receipt this Period 150.00
 Memo Item

C. WALBURN, WILLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 173
 City POTOSI State MO Zip Code 63664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt **09 / 01 / 2020**
Transaction ID : SA11AI-21370326
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 20 OF 60
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. WARD, THIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3907 WILD MEADOWS DR
 City HAMEL State MN Zip Code 55340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 25 / 2020
Transaction ID : SA11AI-21367517
 Amount of Each Receipt this Period 300.00
 Memo Item

B. WATTLES, EVAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 JACKSON RD
 City SHERWOOD State MI Zip Code 49089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISABLED Occupation (for Individual) DISABLED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2020
Transaction ID : SA11AI-21365978
 Amount of Each Receipt this Period 300.00
 Memo Item

C. WENTLAND, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 6TH AVE N
 City GLASGOW State MT Zip Code 59230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2020
Transaction ID : SA11AI-21354803
 Amount of Each Receipt this Period 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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 21 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTRICH, MICHELLE, , ,

Mailing Address 10115 HIGHLAND RIDGE RD

City ROGERS	State MN	Zip Code 55374
----------------	-------------	-------------------

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

Name of Employer (for Individual) STAY AT HOME MOTHER	Occupation (for Individual) STAY AT HOME MOTHER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		03		2020

Transaction ID : SA11AI-21372630

Amount of Each Receipt this Period
350.00

Memo Item

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).....▶	350.00
TOTAL This Period (last page this line number only).....▶	9210.00

**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 22 OF 60
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Wells Fargo Bank
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6995

City Portland	State OR	Zip Code 97228
------------------	-------------	-------------------

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

Name of Employer (for Individual) Wells Fargo Bank	Occupation (for Individual) Banking
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2020

Transaction ID : SA15-21242939

Amount of Each Receipt this Period
35.00

Memo Item
Chargeback Reversal

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

Mailing Address PO Box 6995

City Portland	State OR	Zip Code 97228
------------------	-------------	-------------------

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

Name of Employer (for Individual) Wells Fargo Bank	Occupation (for Individual) Banking
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2020

Transaction ID : SA15-21242940

Amount of Each Receipt this Period
24.00

Memo Item
Retn Unpaid Fee Reversal

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

Mailing Address PO Box 6995

City Portland	State OR	Zip Code 97228
------------------	-------------	-------------------

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

Name of Employer (for Individual) Wells Fargo Bank	Occupation (for Individual) Banking
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2020

Transaction ID : SA15-21242941

Amount of Each Receipt this Period
12.00

Memo Item
Retn Unpaid Fee Reversal

SUBTOTAL of Receipts This Page (optional).....	71.00
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 23 OF 60
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Wells Fargo Bank
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6995

City Portland	State OR	Zip Code 97228
------------------	-------------	-------------------

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

Name of Employer (for Individual) Wells Fargo Bank	Occupation (for Individual) Banking
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2020

Transaction ID : SA15-21242938

Amount of Each Receipt this Period
50.00

Memo Item
Chargeback Reversal

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

Mailing Address PO Box 6995

City Portland	State OR	Zip Code 97228
------------------	-------------	-------------------

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

Name of Employer (for Individual) Wells Fargo Bank	Occupation (for Individual) Banking
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2020

Transaction ID : SA15-21242942

Amount of Each Receipt this Period
50.00

Memo Item
Chargeback Reversal

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

Mailing Address PO Box 6995

City Portland	State OR	Zip Code 97228
------------------	-------------	-------------------

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

Name of Employer (for Individual) Wells Fargo Bank	Occupation (for Individual) Banking
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2020

Transaction ID : SA15-21242943

Amount of Each Receipt this Period
35.00

Memo Item
Chargeback Reversal

SUBTOTAL of Receipts This Page (optional).....	135.00
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 24 OF 60
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wells Fargo Bank

Mailing Address PO Box 6995

City Portland	State OR	Zip Code 97228
------------------	-------------	-------------------

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

Name of Employer (for Individual) Wells Fargo Bank	Occupation (for Individual) Banking
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		03		2020

Transaction ID : SA15-21242944

Amount of Each Receipt this Period
50.00

Memo Item
Chargeback Reversal

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).....▶	50.00
TOTAL This Period (last page this line number only).....▶	256.00

**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 25 OF 60
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Balance Adjustment

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

Mailing Address 8228 FAWN MEADOW AVE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 21273.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2020

Transaction ID : SA17-21459222

Amount of Each Receipt this Period
16119.77

Memo Item
Voiding Balance adj. from 6/30 deposits in transit

B. Balance Adjustment

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

Mailing Address 8228 FAWN MEADOW AVE

City LAS VEGAS	State NV	Zip Code 89149
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 21273.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : SA17-21481856

Amount of Each Receipt this Period
- 21273.87

Memo Item
Deposit in transit to next period

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	- 5154.10
TOTAL This Period (last page this line number only).....	- 5154.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Pollock, Kecia M., , ,			Date of Disbursement MM / DD / YYYY 07 / 01 / 2020	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [] Transaction ID : SB21B-37137 Amount of Each Disbursement this Period [] 3590.75	
Purpose of Disbursement Payroll		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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) B. Pollock, Kecia M., , ,			Date of Disbursement MM / DD / YYYY 07 / 16 / 2020	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [] Transaction ID : SB21B-37137 Amount of Each Disbursement this Period [] 3942.50	
Purpose of Disbursement Payroll		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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) C. Pollock, Kecia M., , ,			Date of Disbursement MM / DD / YYYY 07 / 30 / 2020	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [] Transaction ID : SB21B-37137 Amount of Each Disbursement this Period [] 3942.50	
Purpose of Disbursement Payroll		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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 11475.75	
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Pollock, Kecia M., , ,			Date of Disbursement MM / DD / YYYY 08 / 13 / 2020	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [] Transaction ID : SB21B-37137 Amount of Each Disbursement this Period [] 4646.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		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:				
Full Name (Last, First, Middle Initial) B. Pollock, Kecia M., , ,			Date of Disbursement MM / DD / YYYY 08 / 27 / 2020	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [] Transaction ID : SB21B-37138 Amount of Each Disbursement this Period [] 4997.75 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		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:				
Full Name (Last, First, Middle Initial) C. Pollock, Kecia M., , ,			Date of Disbursement MM / DD / YYYY 09 / 10 / 2020	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [] Transaction ID : SB21B-37138 Amount of Each Disbursement this Period [] 2480.50 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		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:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 12124.25	
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Pollock, Kecia M., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 24 / 2020

FEC Identification Number C

Transaction ID : SB21B-37138

Amount of Each Disbursement this Period 1672.00

Memo Item

B. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd Street Box 241

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 01 / 2020

FEC Identification Number C

Transaction ID : SB21B-37131

Amount of Each Disbursement this Period 6450.24

Memo Item

C. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd Street Box 241

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 09 / 2020

FEC Identification Number C

Transaction ID : SB21B-37131

Amount of Each Disbursement this Period 4499.20

Memo Item

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

12621.44

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [] 9919.52
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		<input type="checkbox"/> 001 Category/ Type
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. American Technology Services		Date of Disbursement MM / DD / YYYY 07 / 23 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [] 8987.52
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		<input type="checkbox"/> 001 Category/ Type
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. American Technology Services		Date of Disbursement MM / DD / YYYY 07 / 30 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [] 9434.56
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		<input type="checkbox"/> 001 Category/ Type
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).....▶	[] 28341.60
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 08 / 05 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [] 7556.32
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		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. American Technology Services		Date of Disbursement MM / DD / YYYY 08 / 13 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [] 7059.52
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		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. American Technology Services		Date of Disbursement MM / DD / YYYY 08 / 20 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [] 15490.24
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		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).....▶	[] 30106.08
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 04 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [REDACTED] 13014.40	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		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) B. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 04 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [REDACTED] 15199.04	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		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. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 14 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period [REDACTED] 22176.32	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		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] 50389.76
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 17 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37132 Amount of Each Disbursement this Period 16473.12
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
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. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 25 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37132 Amount of Each Disbursement this Period 15928.00
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
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. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37132 Amount of Each Disbursement this Period 150.17
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Processing		001 Category/ Type
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)..... ▶

32551.29

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003

Purpose of Disbursement Combined credit card fees July

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 31 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37862

Amount of Each Disbursement this Period: 503.74

Memo Item

B. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003

Purpose of Disbursement Credit Card Processing

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 04 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37132

Amount of Each Disbursement this Period: 67.57

Memo Item

C. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003

Purpose of Disbursement Combined credit card fees Aug

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-3786;

Amount of Each Disbursement this Period: 1276.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1847.62

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 09 / 02 / 2020	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Credit Card Processing		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : SB21B-37132
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) ▼		Amount of Each Disbursement this Period <input type="text" value="137.57"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Combined credit card fees September		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : SB21B-37861
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) ▼		Amount of Each Disbursement this Period <input type="text" value="3160.80"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. C Terry Raben LTD		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 3140 S. Rainbow Blvd Suite# 403			
City Las Vegas	State NV	Zip Code 89146	
Purpose of Disbursement Accounting Fees		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : SB21B-3713;
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) ▼		Amount of Each Disbursement this Period <input type="text" value="300.00"/>
State: District:			<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="3598.37"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37132

Amount of Each Disbursement this Period: 9155.31

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37132

Amount of Each Disbursement this Period: 6386.05

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37132

Amount of Each Disbursement this Period: 14079.29

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 29620.65

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 12756.66

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 13390.72

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 10725.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 36872.63

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Compliance Consultants			Date of Disbursement MM / DD / YYYY 08 / 13 / 2020	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-37133 Amount of Each Disbursement this Period [REDACTED] 10020.11	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing and			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) ▼		Memo Item <input type="checkbox"/>	
State: _____ District: _____				
Full Name (Last, First, Middle Initial) B. Compliance Consultants			Date of Disbursement MM / DD / YYYY 08 / 20 / 2020	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-37133 Amount of Each Disbursement this Period [REDACTED] 21986.01	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing and			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) ▼		Memo Item <input type="checkbox"/>	
State: _____ District: _____				
Full Name (Last, First, Middle Initial) C. Compliance Consultants			Date of Disbursement MM / DD / YYYY 09 / 04 / 2020	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-37133 Amount of Each Disbursement this Period [REDACTED] 18471.86	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing and			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) ▼		Memo Item <input type="checkbox"/>	
State: _____ District: _____				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 50477.98	
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 21572.91

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 31476.06

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 23381.08

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 76430.05

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 25 / 2020

FEC Identification Number C

Transaction ID : SB21B-37134

Amount of Each Disbursement this Period 22607.35

Memo Item

B. Cox Communications

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 31 / 2020

FEC Identification Number C

Transaction ID : SB21B-37134

Amount of Each Disbursement this Period 98.77

Memo Item

C. NV Employment Training Rehabilitation

Full Name (Last, First, Middle Initial)

Mailing Address 500 E. Third Street

City Carson City State NV Zip Code 89713-0030

Purpose of Disbursement Nevada Unemployment Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 24 / 2020

FEC Identification Number C

Transaction ID : SB21B-37134

Amount of Each Disbursement this Period 1079.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23785.27

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 6750 N Durango Dr.

City Las Vegas State NV Zip Code 89149

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 06 / 2020

FEC Identification Number

Transaction ID : SB21B-37134
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PACSmart Filing Services LLC

Mailing Address 1013 Centre Road, Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
FEC Compliance Reporting

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 22 / 2020

FEC Identification Number

Transaction ID : SB21B-37134
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PACSmart Filing Services LLC

Mailing Address 1013 Centre Road, Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
FEC Compliance Reporting

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 / 2020

FEC Identification Number

Transaction ID : SB21B-37134
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 07 / 01 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-37134 Amount of Each Disbursement this Period [] 3120.00
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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) B. Unified Data Services		Date of Disbursement MM / DD / YYYY 07 / 09 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period [] 2176.20
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-3713! Amount of Each Disbursement this Period [] 4797.00
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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)..... ▶

10093.20

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 07 / 23 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period 4348.50
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 07 / 30 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period 4563.00
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 05 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period 3654.30
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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).....▶	12565.80
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 13 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period [REDACTED] 3412.50
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 20 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period [REDACTED] 7491.90
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 04 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period [REDACTED] 6294.60
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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] 17199.00

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 04 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period [REDACTED] 7351.50	
City Salt Lake City	State UT	Zip Code 84106	Category/ Type 003
Purpose of Disbursement Caging and Escrow		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) B. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 14 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period [REDACTED] 10728.90	
City Salt Lake City	State UT	Zip Code 84106	Category/ Type 003
Purpose of Disbursement Caging and Escrow		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. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 17 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-37135 Amount of Each Disbursement this Period [REDACTED] 7967.70	
City Salt Lake City	State UT	Zip Code 84106	Category/ Type 003
Purpose of Disbursement Caging and Escrow		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] 26048.10	
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

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-37136
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement
Taxes

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-37136
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement
Taxes

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-37136
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2020

FEC Identification Number

C

Transaction ID : SB21B-37136
Amount of Each Disbursement this Period

1440.00

Memo Item

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2020

FEC Identification Number

C

Transaction ID : SB21B-37136
Amount of Each Disbursement this Period

1813.00

Memo Item

Full Name (Last, First, Middle Initial)

C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2020

FEC Identification Number

C

Transaction ID : SB21B-37136
Amount of Each Disbursement this Period

1999.50

Memo Item

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

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

5252.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2020

FEC Identification Number

C
Transaction ID : SB21B-37136
Amount of Each Disbursement this Period
749.00

Memo Item

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C
Transaction ID : SB21B-37136
Amount of Each Disbursement this Period
481.00

Memo Item

Full Name (Last, First, Middle Initial)

C. United States Postal Service

Mailing Address 4705 S Durango Dr #100

City Las Vegas State NV Zip Code 89147

Purpose of Disbursement Postage, Mailing Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2020

FEC Identification Number

C
Transaction ID : SB21B-37136
Amount of Each Disbursement this Period
380.00

Memo Item

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

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

1610.00

**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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37163

Amount of Each Disbursement this Period: 1387.44

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37163

Amount of Each Disbursement this Period: 35.02

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37163

Amount of Each Disbursement this Period: 719.28

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2141.74

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard 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
08 / 11 / 2020

FEC Identification Number

C
Transaction ID : SB21B-37164
Amount of Each Disbursement this Period
462.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard 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
08 / 11 / 2020

FEC Identification Number

C
Transaction ID : SB21B-37164
Amount of Each Disbursement this Period
35.02

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Chargeback Reversal

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2020

FEC Identification Number

C
Transaction ID : SB21B-37164
Amount of Each Disbursement this Period
40.00

Memo Item

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

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

537.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37164

Amount of Each Disbursement this Period: 10.00

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Teller Deposit Error

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 31 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37167

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37164

Amount of Each Disbursement this Period: 170.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2180.02

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37165

Amount of Each Disbursement this Period: 845.30

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37165

Amount of Each Disbursement this Period: 35.00

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37165

Amount of Each Disbursement this Period: 2475.12

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3355.42

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 09 / 22 / 2020	
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-37166	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period [] 25.00
Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 09 / 23 / 2020	
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-37166	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period [] 20.00
Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 09 / 25 / 2020	
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-37166	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period [] 8.02
Purpose of Disbursement Merchant Service Bankcard Fees		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 53.02
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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Cashed / Deposited Item Retn Unpaid Fee

Category/Type: 001

Candidate Name

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

Date of Disbursement

MM/DD/YYYY: 09/29/2020

FEC Identification Number

C Transaction ID : SB21B-37166
Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Cashed / Deposited Item Retn Unpaid Fee

Category/Type: 001

Candidate Name

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

Date of Disbursement

MM/DD/YYYY: 09/30/2020

FEC Identification Number

C Transaction ID : SB21B-37166
Amount of Each Disbursement this Period: 30.00

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

MM/DD/YYYY:

FEC Identification Number

C
Amount of Each Disbursement this Period:

Memo Item

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

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

50.00
493998.39

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. BIG DAN RODIMER VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 50 S JONES BLVD
STE 201

City LAS VEGAS State NV Zip Code 89107

Purpose of Disbursement
Political Contribution via WinRed

Candidate Name
BIG DAN RODIMER VICTORY COMMITTEE

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2020

FEC Identification Number: C00752410
Transaction ID : SB23-374980

Amount of Each Disbursement this Period: 2800.00

Memo Item Paid via WinRed SB23 Transaction ID SB23-371374

B. ELISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 500

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement
Political Contribution via WinRed

Candidate Name
ELISE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2020

FEC Identification Number: C00547893
Transaction ID : SB23-374996

Amount of Each Disbursement this Period: 1000.00

Memo Item Paid via WinRed SB23 Transaction ID SB23-371372

C. JIM JORDAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 355

City DELAWARE State OH Zip Code 43015-0355

Purpose of Disbursement
Political Contribution via WinRed

Candidate Name
JIM JORDAN FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2020

FEC Identification Number: C00416594
Transaction ID : SB23-375005

Amount of Each Disbursement this Period: 1000.00

Memo Item Paid via WinRed SB23 Transaction ID SB23-371371

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

A. Joe Collins for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 5777 CENTURY BLVD
STE 1110-143

City LOS ANGELES State CA Zip Code 90045

Purpose of Disbursement Political Contribution

Candidate Name **Joe Collins for Congress**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 29 / 2020

FEC Identification Number C00705236
Transaction ID : SB23-371343

Amount of Each Disbursement this Period 1038.73

Memo Item

B. LACY JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 580976

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement Political Contribution via WinRed

Candidate Name **LACY JOHNSON FOR CONGRESS**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 28 / 2020

FEC Identification Number C00711689
Transaction ID : SB23-375007

Amount of Each Disbursement this Period 1000.00

Memo Item Paid via WinRed SB23 Transaction ID SB23-371370

C. MARYOTT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 31726 RANCHO VIEJO RD
STE 101

City San Juan Capistrano State CA Zip Code 92675

Purpose of Disbursement Political Contribution

Candidate Name **MARYOTT FOR CONGRESS**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 28 / 2020

FEC Identification Number C00666859
Transaction ID : SB23-371326

Amount of Each Disbursement this Period 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2038.73

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 checked="" 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)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2020

Mailing Address 725 FIFTH AVENUE

FEC Identification Number

C	C00618371
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Transaction ID : SB23-375013

Amount of Each Disbursement this Period

1000.00

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Political Contribution via WinRed

011
Category/ Type

Candidate Name
TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Paid via WinRed SB23 Transaction ID SB23-371373
 Memo Item

Full Name (Last, First, Middle Initial)

B. TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2020

Mailing Address 725 FIFTH AVENUE

FEC Identification Number

C	C00618371
---	-----------

Transaction ID : SB23-375014

Amount of Each Disbursement this Period

1000.00

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Political Contribution via WinRed

011
Category/ Type

Candidate Name
TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Paid via WinRed SB23 Transaction ID SB23-371375
 Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2020

Mailing Address PO BOX 9891

FEC Identification Number

C	C00694323
---	-----------

Transaction ID : SB23-371370

Amount of Each Disbursement this Period

1000.00

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name
WinRed

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
WinRed

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 28 / 2020

FEC Identification Number

Transaction ID : SB23-371371

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
WinRed

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
07 / 28 / 2020

FEC Identification Number

Transaction ID : SB23-371372

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
WinRed

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 17 / 2020

FEC Identification Number

Transaction ID : SB23-371374

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

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NAME OF COMMITTEE (In Full)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
WinRed

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23-371373

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
WinRed

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23-371375

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

/ /

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)..... ▶

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

NAME OF COMMITTEE (In Full) POLICE OFFICERS DEFENSE ALLIANCE LLC	FEC IDENTIFICATION NUMBER ▼ C C00667865
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item North Star Multimedia	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9360 W Flamingo #110-226	Amount <input type="text"/>
City Las Vegas State NV Zip Code 89147	Transaction ID : SE-S115862 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Postcard Mailers Category/Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PELOSI, NANCY, , , Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 50000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item North Star Multimedia	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9360 W. Flamingo 110-226	Amount <input type="text"/>
City Las Vegas State NV Zip Code 89147	Transaction ID : SE-S115676 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Direct Mailer Category/Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HORSFORD, STEVEN, ALEXZANDER, , Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 20000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 70000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) 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.

POLLOCK, KECIA, MARIE, , *[Electronically Filed]* Date / /
Signature

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

NAME OF COMMITTEE (In Full) POLICE OFFICERS DEFENSE ALLIANCE LLC	FEC IDENTIFICATION NUMBER ▼ C C00667865
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item North Star Multimedia	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9360 W. Flamingo 110-226	Amount <input type="text"/>
City Las Vegas State NV Zip Code 89147	Transaction ID : SE-S115865
Purpose of Expenditure Digital Billboards Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Trump, Donald, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 180000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item North Star Multimedia	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9360 W. Flamingo 110-226	Amount <input type="text"/>
City Las Vegas State NV Zip Code 89147	Transaction ID : SE-S115866
Purpose of Expenditure Digital Billboards Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Trump, Donald, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 180000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 180000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 250000.00

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.

POLLOCK, KECIA, MARIE, ,

[Electronically Filed]

Date

/ /

Signature