

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**
Check if different than previously reported. (ACC) **LAS VEGAS NV 89149**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00667865 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2020 through / / 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 / / 2021

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="301147.25"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="644294.18"/> | <input type="text" value="2279048.70"/> |
| (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="945441.43"/> | <input type="text" value="2499957.13"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="755943.81"/> | <input type="text" value="2310459.51"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="189497.62"/> | <input type="text" value="189497.62"/> |
| 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 | 19265.00 |
| (ii) Unitemized | 634828.18 | 2259527.70 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 644038.18 | 2278792.70 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 644038.18 | 2278792.70 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 256.00 | 256.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 644294.18 | 2279048.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 644294.18 | 2279048.70 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 494374.08 | 2040799.65 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 494374.08 | 2040799.65 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9838.73 | 9838.73 |
| 24. Independent Expenditures (use Schedule E) | 250000.00 | 250000.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 1731.00 | 9821.13 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 1731.00 | 9821.13 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 755943.81 | 2310459.51 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 755943.81 | 2310459.51 |

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) | 644038.18 | 2278792.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 1731.00 | 9821.13 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 642307.18 | 2268971.57 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 494374.08 | 2040799.65 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 256.00 | 256.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 494118.08 | 2040543.65 |

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

Form/Schedule: F3XA

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: F3XA

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 =G7 9 @C B9 CI G`H9 LH`F9 @H 98 `HC `5 `F9 DCF HZ`G7 <98 I @ `CF `H9 A =N5 H=CB

Form/Schedule: F3XA
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: F3XA
Transaction ID:

Per several discussions with other analysts, we are amending the Q3 report to remove all the SA-17 Balance adjustments moving forward. One SA-17 (SA17-21481856) has been removed, totaling -21273.87. These were accounting adjustments made for the purpose of reporting deposits in transit and trueing up the "cash on hand" balance to reflect the actual bank balance at the close of books. Based on the aforementioned discussions, we are changing our accounting practices, from standard accounting, to more of a "political accounting" as requested/required by the FEC. We will be leaving in the SA-17 to void the balance adjustment coming from Q2(16,119.77 being reversed), to zero out that entities aggregate total. Because this entities aggregate is zero, the system has skipped itemizing this SA-17. Moving forward, we will not apply any adjustments for deposits in transit, and let the cash on hand balance reflect in the manner the FEC has requested.

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XA
Transaction ID :

During the assembly of this POST-General report, it came to our attention that there was a PayPal account that was carrying a balance and donor information from 2020, that was previously not reported. Due to the pending deadline, we submitted our POST-General report as it stood, including the PayPal information for the POST GENERAL time period. We are now going back and amending the Q1, Q2, Q3, and Post-General report, to correct this mistake. (We will use this opportunity to correct any "balance adjustments" that occurred during that timeframe, and correct the YTD issue that formed on Line 17 because of them. We will also check for donors who have updated their employer/occupations and update those while we are at it.) To avoid this mistake in the future, the PayPal account login has been provided to our FEC Compliance/filing service, PACSmart Filing Service, so they can properly report these donations and balances moving forward.

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 9 OF 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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
 M M M / D D D / Y Y Y Y Y Y
 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) Retired Occupation (for Individual) Retired

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
 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
 M M M / D D D / Y Y Y Y Y Y
 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 10 OF 61 |
| | <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. FEDLE, FRITZ, , , | | Date of Receipt MM / DD / YYYY 09 / 28 / 2020 |
| Mailing Address 4301 ELYSIAN FIELDS AVE STE 103 | | Transaction ID : SA11AI-21351641 |
| City NEW ORLEANS | State LA | Zip Code 70122 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer (for Individual) Plaza Medical Center | Occupation (for Individual) Chiropractor | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FERGUSON, MARK, , , | | Date of Receipt MM / DD / YYYY 09 / 16 / 2020 |
| Mailing Address 4953 MOUNT ROYAL RD | | Transaction ID : SA11AI-21369680 |
| City SAINT LOUIS | State MO | Zip Code 63128 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer (for Individual) Retired | Occupation (for Individual) Retired | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FOGLEMAN, RON, , , | | Date of Receipt MM / DD / YYYY 09 / 21 / 2020 |
| Mailing Address 1543 FLORA AVE | | Transaction ID : SA11AI-21353511 |
| City BURLINGTON | State NC | Zip Code 27217 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer (for Individual) unemployed | Occupation (for Individual) unemployed | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|---|---------|
| 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 11 OF 61 |
| | <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 |
|----------------|-------------|-------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer (for Individual) Racemaker Press | Occupation (for Individual) Owner |
|--|--------------------------------------|

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 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Sleep and Behavior Medicine Institute | Occupation (for Individual) Psychiatrist |
|--|---|

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 |
|------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) HOUSE WIFE | Occupation (for Individual) HOUSE WIFE |
|---|---|

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 12 OF 61 |
| | <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) Hoffman Petroleum Co Occupation (for Individual) Deceased
 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) RETIRED 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) Retired 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 13 OF 61 |
| | <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 | <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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hurt Joel Office Occupation (for Individual) Owner/ MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) STAY HOME DAD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 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
 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 ▼ 230.00

Date of Receipt 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 14 OF 61 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. JOHNSON, KAREN, , , | | Date of Receipt |
| Mailing Address 3905 69TH ST | | <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2020"/> |
| City URBANDALE | State IA | Zip Code 50322 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI-21369099 |
| Name of Employer (for Individual) Best Efforts | | Occupation (for Individual) Best Efforts |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="300.00"/> |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KALLANDER, MARSHA, , , | | Date of Receipt |
| Mailing Address 765 SW BARRINGTON DR | | <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2020"/> |
| City OAK HARBOR | State WA | Zip Code 98277 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI-21362253 |
| Name of Employer (for Individual) KALLANDER PROPERTY HOLDINGS, LLC | | Occupation (for Individual) Governor |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KELLER, CHARLENE, , , | | Date of Receipt |
| Mailing Address 7602 APPLE VALLEY RD | | <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2020"/> |
| City GERMANTOWN | State TN | Zip Code 38138 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI-21371894 |
| Name of Employer (for Individual) RETIRED | | Occupation (for Individual) RETIRED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="200.00"/> |
| | | <input type="checkbox"/> Memo Item |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 61 |
| | <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. 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) Retired Occupation (for Individual) Retired
 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) Retired Occupation (for Individual) Retired
 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 16 OF 61 |
| <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. 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) Retired Occupation (for Individual) Retired
 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) Groundskeeper Occupation (for Individual) Maintenance
 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 17 OF 61 |
| <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. 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 **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 **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 **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 18 OF 61 |
| | <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. 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 19 OF 61 |
| | <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. 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) Retired Occupation (for Individual) Retired
 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 20 OF 61 |
| | <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. 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 21 OF 61 |
| | <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) Retired Occupation (for Individual) Retired
 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 22 OF 61 |
| | <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 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 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 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 23 OF 61 |
| <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 24 OF 61 |
| <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 25 OF 61 |
| <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. 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 |
| 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 M | / | D D D | / | Y Y 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 M | / | D D D | / | Y Y 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 B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b (checked), 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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

Form A: Disbursement for Pollock, Kecia M. on 07/01/2020. Amount: 3590.75. Category: 001. Purpose: Payroll.

Form B: Disbursement for Pollock, Kecia M. on 07/16/2020. Amount: 3942.50. Category: 001. Purpose: Payroll.

Form C: Disbursement for Pollock, Kecia M. on 07/30/2020. Amount: 3942.50. Category: 001. Purpose: Payroll.

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

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: 08 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37137

Amount of Each Disbursement this Period: 4646.00

Memo Item

B. 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: 08 / 27 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37138

Amount of Each Disbursement this Period: 4997.75

Memo Item

C. 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 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37138

Amount of Each Disbursement this Period: 2480.50

Memo Item

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

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

12124.25

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 [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period 9919.52 |
| 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 07 / 23 / 2020 |
| Mailing Address 125 North 2nd Street Box 241 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period 8987.52 |
| 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. American Technology Services | | Date of Disbursement MM / DD / YYYY 07 / 30 / 2020 |
| Mailing Address 125 North 2nd Street Box 241 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period 9434.56 |
| 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: | | |

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 [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period 7556.32 | |
| 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 | | | |

| | | | | |
|---|--|-------------------|--|--|
| 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 [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period 7059.52 | |
| 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 08 / 20 / 2020 | |
| Mailing Address 125 North 2nd Street Box 241 | | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-37131 Amount of Each Disbursement this Period 15490.24 | |
| 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)..... ▶

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 [REDACTED] 16473.12 | |
| 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 / 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 [REDACTED] 15928.00 | |
| 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. 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 [REDACTED] 150.17 | |
| City American Fork | State UT | Zip Code 84003 | Category/Type 001 | |
| Purpose of Disbursement Credit Card Processing | | 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] 32551.29 |
| 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. Authorize.net | | | Date of Disbursement MM / DD / YYYY 07 / 31 / 2020 | | |
| Mailing Address 808 E Utah Valley Dr | | | FEC Identification Number C [] Transaction ID : SB21B-37862 Amount of Each Disbursement this Period [] 503.74 | | |
| City American Fork | State UT | Zip Code 84003 | Category/Type 001 | | |
| Purpose of Disbursement Combined credit card fees July | | 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. Authorize.net | | | Date of Disbursement MM / DD / YYYY 08 / 04 / 2020 | | |
| Mailing Address 808 E Utah Valley Dr | | | FEC Identification Number C [] Transaction ID : SB21B-37132 Amount of Each Disbursement this Period [] 67.57 | | |
| City American Fork | State UT | Zip Code 84003 | Category/Type 001 | | |
| Purpose of Disbursement Credit Card Processing | | 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. Authorize.net | | | Date of Disbursement MM / DD / YYYY 08 / 30 / 2020 | | |
| Mailing Address 808 E Utah Valley Dr | | | FEC Identification Number C [] Transaction ID : SB21B-3786; Amount of Each Disbursement this Period [] 1276.31 | | |
| City American Fork | State UT | Zip Code 84003 | Category/Type 001 | | |
| Purpose of Disbursement Combined credit card fees Aug | | 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)..... ▶ | | | [] 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

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 Credit Card Processing

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-37132

Amount of Each Disbursement this Period: 137.57

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 Combined credit card fees September

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37861

Amount of Each Disbursement this Period: 3160.80

Memo Item

C. C Terry Raben LTD

Full Name (Last, First, Middle Initial)

Mailing Address 3140 S. Rainbow Blvd Suite# 403

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement Accounting Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B-3713;

Amount of Each Disbursement this Period: 300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3598.37

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 / 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)

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|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

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: 08 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 10020.11

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: 08 / 20 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 21986.01

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 / 04 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37133

Amount of Each Disbursement this Period: 18471.86

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50477.98

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 / 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)

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|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: MM / DD / YYYY
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: MM / DD / YYYY
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: MM / DD / YYYY
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

A. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6750 N Durango Dr.

City Las Vegas State NV Zip Code 89149

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37134

Amount of Each Disbursement this Period: 350.23

Memo Item

B. PACSmart Filing Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Road, Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement FEC Compliance Reporting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37134

Amount of Each Disbursement this Period: 1318.75

Memo Item

C. PACSmart Filing Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Road, Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement FEC Compliance Reporting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37134

Amount of Each Disbursement this Period: 600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2268.98

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. PayPal | | Date of Disbursement MM / DD / YYYY 07 / 31 / 2020 | |
| Mailing Address 2211 North First Street | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-39650 Amount of Each Disbursement this Period [REDACTED] 67.80 | |
| City San Jose | State CA | Zip Code 95131 | Category/ Type 001 |
| Purpose of Disbursement Combined off the top CC Transaction fees Jul | | 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. PayPal | | Date of Disbursement MM / DD / YYYY 08 / 31 / 2020 | |
| Mailing Address 2211 North First Street | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-39650 Amount of Each Disbursement this Period [REDACTED] 117.17 | |
| City San Jose | State CA | Zip Code 95131 | Category/ Type 001 |
| Purpose of Disbursement Combined off the top CC Transaction fees Aug | | 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. PayPal | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2020 | |
| Mailing Address 2211 North First Street | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-39650 Amount of Each Disbursement this Period [REDACTED] 163.52 | |
| City San Jose | State CA | Zip Code 95131 | Category/ Type 001 |
| Purpose of Disbursement Combined off the top CC Transaction fees Sep | | 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] 348.49 |
| 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 07 / 01 / 2020 |
| Mailing Address 2223 S Highland Dr #E6-240 | | FEC Identification Number C [REDACTED] 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 | | 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 / 09 / 2020 |
| Mailing Address 2223 S Highland Dr #E6-240 | | FEC Identification Number C [REDACTED] 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 | | 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 07 / 15 / 2020 |
| Mailing Address 2223 S Highland Dr #E6-240 | | FEC Identification Number C [REDACTED] 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 | | 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)..... ▶

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

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 04 | | 2020 |

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-37135
Amount of Each Disbursement this Period
[] 7351.50

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 14 | | 2020 |

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-37135
Amount of Each Disbursement this Period
[] 10728.90

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 17 | | 2020 |

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-37135
Amount of Each Disbursement this Period
[] 7967.70

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

[] 26048.10

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

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) ▼

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) ▼

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) ▼

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

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Wells Fargo Bank | | Date of Disbursement MM / DD / YYYY 07 / 02 / 2020 | |
| Mailing Address PO Box 6995 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-37163 | |
| City Portland | State OR | Zip Code 97228 | Amount of Each Disbursement this Period [REDACTED] 1387.44 |
| 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: _____ | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Wells Fargo Bank | | Date of Disbursement MM / DD / YYYY 07 / 15 / 2020 | |
| Mailing Address PO Box 6995 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-37163 | |
| City Portland | State OR | Zip Code 97228 | Amount of Each Disbursement this Period [REDACTED] 35.02 |
| 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: _____ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Wells Fargo Bank | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2020 | |
| Mailing Address PO Box 6995 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-37163 | |
| City Portland | State OR | Zip Code 97228 | Amount of Each Disbursement this Period [REDACTED] 719.28 |
| 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).....▶ | [REDACTED] 2141.74 |
| 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. 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 / 11 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37164

Amount of Each Disbursement this Period: 35.02

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: 08 / 11 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37164

Amount of Each Disbursement this Period: 462.95

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 Chargeback Reversal

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 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)..... ▶ 537.97

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 Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 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

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

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-37165
Amount of Each Disbursement this Period

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

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-37165
Amount of Each Disbursement this Period

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
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-37165
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. 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 |
| Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee | | Amount of Each Disbursement this Period [] 25.00 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. 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 |
| Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee | | Amount of Each Disbursement this Period [] 20.00 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. 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 |
| Purpose of Disbursement Merchant Service Bankcard Fees | | Amount of Each Disbursement this Period [] 8.02 |
| 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)..... ▶

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

| |
|-----------|
| [] 53.02 |
| [] |

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37166

Amount of Each Disbursement this Period: 20.00

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 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 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37166

Amount of Each Disbursement this Period: 30.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 50.00 |
| TOTAL This Period (last page this line number only).....▶ | 494346.88 |

**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 |

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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 MM / DD / YYYY 08 / 17 / 2020 |
| Mailing Address 725 FIFTH AVENUE | | FEC Identification Number C 00618371 Transaction ID : SB23-375013 |
| City NEW YORK | State NY | Zip Code 10022 |
| Purpose of Disbursement Political Contribution via WinRed | | Category/Type 011 |
| Candidate Name TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE | | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Paid via WinRed SB23 Transaction ID SB23-371373 |
| State: District: | | <input checked="" type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2020 |
| Mailing Address 725 FIFTH AVENUE | | FEC Identification Number C 00618371 Transaction ID : SB23-375014 |
| City NEW YORK | State NY | Zip Code 10022 |
| Purpose of Disbursement Political Contribution via WinRed | | Category/Type 011 |
| Candidate Name TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE | | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Paid via WinRed SB23 Transaction ID SB23-371375 |
| State: District: | | <input checked="" type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. WinRed | | Date of Disbursement MM / DD / YYYY 07 / 28 / 2020 |
| Mailing Address PO BOX 9891 | | FEC Identification Number C 00694323 Transaction ID : SB23-371370 |
| City ARLINGTON | State VA | Zip Code 22219 |
| Purpose of Disbursement Political Contribution | | Category/Type 011 |
| Candidate Name WinRed | | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1000.00 |
| 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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 8 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C C00694323

Transaction ID : SB23-371371

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 8 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C C00694323

Transaction ID : SB23-371372

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

011

Category/
Type

Candidate Name

WinRed

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 7 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C C00694323

Transaction ID : SB23-371374

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input 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) ▼

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

FEC Identification Number
C 000694323
Transaction ID : SB23-371373
Amount of Each Disbursement this Period
1000.00

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) ▼

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

FEC Identification Number
C 000694323
Transaction ID : SB23-371375
Amount of Each Disbursement this Period
1000.00

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) ▼

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)..... ▶

2000.00
9838.73

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: North Star Multimedia
Mailing Address: 9360 W Flamingo #110-226
City: Las Vegas, State: NV, Zip Code: 89147
Purpose of Expenditure: Postcard Mailers
Category/Type: 004
Date of Public Distribution/Dissemination: 09/10/2020
Amount: 50000.00
Transaction ID: SE-S115862
Date of Disbursement or Obligation: 08/14/2020

Name of Federal Candidate: PELOSI, NANCY, ,
Support: [], Oppose: [x]
Office Sought: House [x], Senate [], President []
District: 12, State: CA
Calendar Year-To-Date Per Election for Office Sought: 50000.00
Disbursement For: Primary [], General [x], Other []

Full Name of Payee: North Star Multimedia
Mailing Address: 9360 W. Flamingo 110-226
City: Las Vegas, State: NV, Zip Code: 89147
Purpose of Expenditure: Direct Mailer
Category/Type: 004
Date of Public Distribution/Dissemination: 08/21/2020
Amount: 20000.00
Transaction ID: SE-S115676
Date of Disbursement or Obligation: 08/26/2020

Name of Federal Candidate: HORSFORD, STEVEN, ALEXZANDER, ,
Support: [], Oppose: [x]
Office Sought: House [x], Senate [], President []
District: 04, State: NV
Calendar Year-To-Date Per Election for Office Sought: 20000.00
Disbursement For: Primary [], General [x], Other []

(a) SUBTOTAL of Itemized Independent Expenditures: 70000.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

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

POLLOCK, KECIA, MARIE, , [Electronically Filed]
Signature Date: 08/22/2020

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: North Star Multimedia
Mailing Address: 9360 W. Flamingo 110-226
City: Las Vegas, State: NV, Zip Code: 89147
Purpose of Expenditure: Digital Billboards, Category/Type: 004
Date of Public Distribution/Dissemination: 09/01/2020
Amount: 170000.00
Transaction ID: SE-S115865
Date of Disbursement or Obligation: 08/28/2020

Name of Federal Candidate: Trump, Donald, J., Support
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought: 180000.00

Full Name of Payee: North Star Multimedia
Mailing Address: 9360 W. Flamingo 110-226
City: Las Vegas, State: NV, Zip Code: 89147
Purpose of Expenditure: Digital Billboards, Category/Type: 004
Date of Public Distribution/Dissemination: 09/01/2020
Amount: 10000.00
Transaction ID: SE-S115866
Date of Disbursement or Obligation: 08/28/2020

Name of Federal Candidate: Trump, Donald, J., Support
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought: 180000.00

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 180000.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 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

08 / 31 / 2020

Signature