



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**UNITED POLICE OFFICERS ASSOCIATION**

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="2019"/>	<input type="text" value="16256.60"/>	<input type="text" value="16256.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9951.22"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1251687.43"/>	<input type="text" value="3823113.76"/>
(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="1261638.65"/>	<input type="text" value="3839370.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1252463.68"/>	<input type="text" value="3830195.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9174.97"/>	<input type="text" value="9174.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**UNITED POLICE OFFICERS ASSOCIATION**

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).....	17217.00	43313.00
(ii) Unitemized .....	1234470.43	3779800.76
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	1251687.43	3823113.76
(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) .....	1251687.43	3823113.76
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1251687.43	3823113.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1251687.43	3823113.76

**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 .....	1252463.68	3761195.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1252463.68	3761195.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	69000.00
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 .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (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)) ..	1252463.68	3830195.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1252463.68	3830195.39

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1251687.43	3823113.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1251687.43	3823113.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1252463.68	3761195.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1252463.68	3761195.39

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

Form/Schedule: F3XN  
Transaction ID :

Our PAC makes its best efforts to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitation contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report. For reporting purposes we have used the term 'Donor Outreach' on our Schedule B supporting line 21(b). We have contracted multiple companies to provide 'Donor Outreach' services for us. 'Donor Outreach' services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition

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: (check only one)	PAGE 7 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. AVENT, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12930 LOCK BLVD  
 City HASTINGS State MN Zip Code 55033  
 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 ▼ 510.00

Date of Receipt 09 / 11 / 2019  
**Transaction ID : SA11AI.5673**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

**B. AVENT, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12930 LOCK BLVD  
 City HASTINGS State MN Zip Code 55033  
 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 ▼ 610.00

Date of Receipt 12 / 05 / 2019  
**Transaction ID : SA11AI.6043**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BARAY, BECKY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7215 HIGHWAY 215  
 City PAULINE State SC Zip Code 29374  
 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 ▼ 276.00

Date of Receipt 07 / 19 / 2019  
**Transaction ID : SA11AI.5420**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. Bartman, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3140 CLUB DR  
 City LOS ANGELES State CA Zip Code 90064  
 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 **12 / 31 / 2019**  
**Transaction ID : SA11AI.6075**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. BLAIR, SUZANNE H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1321 GREENWAY DR  
 City HIGH POINT State NC Zip Code 27262  
 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 **08 / 24 / 2019**  
**Transaction ID : SA11AI.5595**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. BOURQUE, SHARI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1013 SPYGLASS LN  
 City MARVIN State NC Zip Code 28173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWNER Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 23 / 2019**  
**Transaction ID : SA11AI.5437**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. BOWQUE, SHARI, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1013 SPYGLASS LN

City WAXHAW	State NC	Zip Code 28173
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FEC ID number of contributing federal political committee. **C**

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

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
11	/	23	/	2019

**Transaction ID : SA11AI.6011**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. BRAND JR, DONALD B, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5713 W ROWEL RD

City PHOENIX	State AZ	Zip Code 85083
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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  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2019

**Transaction ID : SA11AI.5399**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 1670 FORESTDALE DR

City ENCINITAS	State CA	Zip Code 92024
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2019

**Transaction ID : SA11AI.6023**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. BRIDENSTINE, LEANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37416 HACKNEY PL

City DADE CITY	State FL	Zip Code 33523
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NOAHS MOBILE VETERINARY CLINIC	Occupation (for Individual) OWNER
---------------------------------------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2019

**Transaction ID : SA11AI.5681**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 37416 HACKNEY PL

City DADE CITY	State FL	Zip Code 33523
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2019

**Transaction ID : SA11AI.6038**

Amount of Each Receipt this Period  
220.00

Memo Item

**C. BUDREAU, DAVID A, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 LOOMIS ST

City WESTFIELD	State MA	Zip Code 01085
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

**Transaction ID : SA11AI.5850**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. CARPENTER, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22518 SE HIGHLAND CIR  
 City ISSAQUAH State WA Zip Code 98029  
 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 ▼ 210.00

Date of Receipt **07 / 16 / 2019**  
**Transaction ID : SA11AI.5373**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CARPENTER, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22518 SE HIGHLAND CIR  
 City ISSAQUAH State WA Zip Code 98029  
 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 ▼ 245.00

Date of Receipt **09 / 06 / 2019**  
**Transaction ID : SA11AI.5654**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. CARPENTER, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22518 SE HIGHLAND CIR  
 City ISSAQUAH State WA Zip Code 98029  
 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 ▼ 270.00

Date of Receipt **10 / 14 / 2019**  
**Transaction ID : SA11AI.5798**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**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 53
<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. CARPENTER, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22518 SE HIGHLAND CIR  
 City ISSAQUAH State WA Zip Code 98029  
 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 ▼ 322.00

Date of Receipt **11 / 04 / 2019**  
**Transaction ID : SA11AI.5924**  
 Amount of Each Receipt this Period 52.00  
 Memo Item

**B. CARPENTER, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22518 SE HIGHLAND CIR  
 City ISSAQUAH State WA Zip Code 98029  
 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 ▼ 377.00

Date of Receipt **12 / 16 / 2019**  
**Transaction ID : SA11AI.6059**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. CARRICO, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 SHADYWOOD LN  
 City MELISSA State TX Zip Code 75454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) national com Occupation (for Individual) national com  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 23 / 2019**  
**Transaction ID : SA11AI.5583**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	407.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. COFFMAN, SHIRLEE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1107 S PALMER LN

City OLATHE	State KS	Zip Code 66061
----------------	-------------	-------------------

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

Name of Employer (for Individual) boy scouts of america	Occupation (for Individual) sales associate
------------------------------------------------------------	------------------------------------------------

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
09	/	17	/	2019

**Transaction ID : SA11AI.5694**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. COLLINS, MARY LYNN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 507 E COMMERCIAL AVE

City GETTYSBURG	State SD	Zip Code 57442
--------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2019

**Transaction ID : SA11AI.6056**

Amount of Each Receipt this Period  
110.00

Memo Item

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

Mailing Address 15951 W EVANS DR

City SURPRISE	State AZ	Zip Code 85379
------------------	-------------	-------------------

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 ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2019

**Transaction ID : SA11AI.5608**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	510.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CROSS, RONDA, , ,**

Mailing Address 9505 NW 21ST AVE

City VANCOUVER    State WA    Zip Code 98665

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  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 23 / 2019

**Transaction ID : SA11AI.5585**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 251 FIRST BROAD DR

City BOSTIC    State NC    Zip Code 28018

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

Name of Employer (for Individual) APACHE FUTURE    Occupation (for Individual) ROAD MECHANIC

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 25 / 2019

**Transaction ID : SA11AI.5603**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1766 WATERWAY DR SW

City OCEAN ISLE BEACH    State NC    Zip Code 28469

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 18 / 2019

**Transaction ID : SA11AI.5962**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 53
<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. FANCIULLACCI, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 TAMMY TER SE  
 City LEESBURG State VA Zip Code 20175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ZENDESK Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2019  
**Transaction ID : SA11AI.6006**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. FERGUSON, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 275 DATE PALM RD APT 701  
 City VERO BEACH State FL Zip Code 32963  
 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 10 / 28 / 2019  
**Transaction ID : SA11AI.5913**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. GAMBEE, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 CRESCENT BEACH RD  
 City VERO BEACH State FL Zip Code 32963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 10 / 2019  
**Transaction ID : SA11AI.6057**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. GILLESKI, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 WHITE CEDAR DR  
 City MADISON State CT Zip Code 06443  
 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 ▼ 280.00

Date of Receipt 08 / 26 / 2019  
**Transaction ID : SA11AI.5605**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. GILLESKI, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 WHITE CEDAR DR  
 City MADISON State CT Zip Code 06443  
 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 ▼ 290.00

Date of Receipt 10 / 30 / 2019  
**Transaction ID : SA11AI.5914**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. GILLESKI, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 WHITE CEDAR DR  
 City MADISON State CT Zip Code 06443  
 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 ▼ 420.00

Date of Receipt 12 / 26 / 2019  
**Transaction ID : SA11AI.6068**  
 Amount of Each Receipt this Period 130.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**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 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. HIXSON, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 HARDIN DR  
 City ARLINGTON State TX Zip Code 76018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED - Occupation (for Individual) EMPRESS ADVENTURES INC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 11 / 22 / 2019  
**Transaction ID : SA11AI.6007**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. HOLYOAK, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10002 COPELAND DR  
 City MANASSAS State VA Zip Code 20109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) DATABASE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2019  
**Transaction ID : SA11AI.6032**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. HORN, MARJORIE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3112 E 74TH ST  
 City TULSA State OK Zip Code 74136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 22 / 2019  
**Transaction ID : SA11AI.5566**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. JOHNSON, JOHN, , ,**

Mailing Address 201 S BELT W APT 139

City BELLEVILLE	State IL	Zip Code 62220
--------------------	-------------	-------------------

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
07		05		2019

**Transaction ID : SA11AI.5317**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 2507 RUSSELL PKWY

City GREAT BEND	State KS	Zip Code 67530
--------------------	-------------	-------------------

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
07		15		2019

**Transaction ID : SA11AI.5366**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. JONES, JAMES W, , ,**

Mailing Address 2152 ARTESIAN RD

City EAGLE	State ID	Zip Code 83616
---------------	-------------	-------------------

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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2019

**Transaction ID : SA11AI.5963**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. KOHR, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 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 ▼ 255.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11AI.5528**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**B. KOHR, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 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 ▼ 380.00

Date of Receipt 12 / 02 / 2019  
**Transaction ID : SA11AI.6030**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. KOHR, CHRISTINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 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 ▼ 600.00

Date of Receipt 09 / 20 / 2019  
**Transaction ID : SA11AI.5731**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. KOHR, CHRISTINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 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 ▼ 700.00

Date of Receipt 11 / 07 / 2019  
**Transaction ID : SA11AI.5937**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. KOORNSTRA, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16114 STUR ST  
 City BROOKSVILLE State FL Zip Code 34604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Logistic Occupation (for Individual) Truck Driver  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11AI.5581**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. LAFRANCHI, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2209 ALC DR  
 City VERONA State PA Zip Code 15147  
 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 11 / 23 / 2019  
**Transaction ID : SA11AI.6009**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 21 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. LETCHWORTH, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 KENT DR  
 City BAKERSFIELD State CA Zip Code 93306  
 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 ▼ 280.00

Date of Receipt 12 / 05 / 2019  
**Transaction ID : SA11AI.6044**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. 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 ▼ 230.00

Date of Receipt 12 / 03 / 2019  
**Transaction ID : SA11AI.6036**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 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 ▼ 270.00

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI.5365**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 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 ▼ 295.00

Date of Receipt 11 / 20 / 2019  
**Transaction ID : SA11AI.5979**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 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 ▼ 320.00

Date of Receipt 11 / 22 / 2019  
**Transaction ID : SA11AI.6001**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 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 ▼ 345.00

Date of Receipt 11 / 25 / 2019  
**Transaction ID : SA11AI.6014**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 23 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 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 ▼ 380.00

Date of Receipt 11 / 25 / 2019  
**Transaction ID : SA11AI.6016**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. MANZUK, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15540 LAKEWOOD HEIGHTS BLVD  
 City LAKEWOOD State OH Zip Code 44107  
 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 ▼ 205.00

Date of Receipt 10 / 21 / 2019  
**Transaction ID : SA11AI.5877**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MARTIN, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5012 N KARI RD  
 City OTIS ORCHARDS State WA Zip Code 99027  
 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 12 / 23 / 2019  
**Transaction ID : SA11AI.6062**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 24 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MARTINEZ, CELESTINO, , ,**

Mailing Address 16164 HOPE RD

City ALPHARETTA	State GA	Zip Code 30004
--------------------	-------------	-------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2019

**Transaction ID : SA11AI.6037**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 2650 S LIMIT CT

City SEDALIA	State MO	Zip Code 65301
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2019

**Transaction ID : SA11AI.5880**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 2650 S LIMIT CT

City SEDALIA	State MO	Zip Code 65301
-----------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2019

**Transaction ID : SA11AI.6029**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. MCARDLE, ANNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 CONNALLY RD  
 City BAYTOWN State TX Zip Code 77521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) oil and gas industries N a b o r s Occupation (for Individual) oil and gas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2019  
**Transaction ID : SA11AI.5409**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. M DE BORD, LELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11343 ELMHURST DR  
 City NORWALK State CA Zip Code 90650  
 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 / 20 / 2019  
**Transaction ID : SA11AI.5730**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. MOSHER, MARJORIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4306 KIRKLAND VILLAGE CIR  
 City BETHLEHEM State PA Zip Code 18017  
 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 07 / 22 / 2019  
**Transaction ID : SA11AI.5433**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 53
<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. MURRAY, CECIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4821 PARKGLEN AVE  
 City VIEW PARK State CA Zip Code 90043  
 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 ▼ 345.00

Date of Receipt 10 / 12 / 2019  
**Transaction ID : SA11AI.5795**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. PASHLEY, DREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 SEITZ RD  
 City SCHWENKSVILLE State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 12 / 2019  
**Transaction ID : SA11AI.5942**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

**C. PATE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1056 SUMMERFIELD DR  
 City MARYVILLE State TN Zip Code 37801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXEDY Occupation (for Individual) TECHNICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2019  
**Transaction ID : SA11AI.5976**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PEARSALL, DEBORAH, , ,**

Mailing Address 2033 ASHTON DR

City ROSEVILLE	State CA	Zip Code 95747
-------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2019

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 157 N PROSPECT AVE

City BERGENFIELD	State NJ	Zip Code 07621
---------------------	-------------	-------------------

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2019

**Transaction ID : SA11AI.5744**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 157 N PROSPECT AVE

City BERGENFIELD	State NJ	Zip Code 07621
---------------------	-------------	-------------------

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2019

**Transaction ID : SA11AI.5774**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. QUADRI, ARSHAD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 HIGH RIDGE RD

City WEST HARTFORD	State CT	Zip Code 06117
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) self employed	Occupation (for Individual) phycian
----------------------------------------------------	----------------------------------------

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
08		21		2019

**Transaction ID : SA11AI.5558**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 205 BUD NALLEY DR

City EASLEY	State SC	Zip Code 29642
----------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2019

**Transaction ID : SA11AI.5891**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 125 FERRELL HEIGHTS CT APT 132

City WINSTON SALEM	State NC	Zip Code 27101
-----------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2019

**Transaction ID : SA11AI.5642**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. SAUER, VALERIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3717 CARRIAGE RUN DR

City HILLIARD	State OH	Zip Code 43026
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2019

**Transaction ID : SA11AI.5902**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 5929 E 87TH ST

City TULSA	State OK	Zip Code 74137
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2019

**Transaction ID : SA11AI.5342**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 501 6TH PL

City MANHATTAN BEACH	State CA	Zip Code 90266
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

**Transaction ID : SA11AI.5852**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 53
<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TATUM, STEPHEN, , ,</b>		Date of Receipt
Mailing Address 600 W 6TH ST STE 300		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
City FORT WORTH	State TX	Zip Code 76102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5310</b>
Name of Employer (for Individual) LAWFIRM		Occupation (for Individual) LAWYER
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 <b>B. THOMAS, BETH, , ,</b>		Date of Receipt
Mailing Address 103 ORLEANS CT		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2019"/>
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5545</b>
Name of Employer (for Individual) KELLER WILLIAMS REALTY		Occupation (for Individual) REAL ESTATE BROKER
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="100.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TIMPSON, MARYLUE, , ,</b>		Date of Receipt
Mailing Address PO BOX 3880		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2019"/>
City LOS ALTOS	State CA	Zip Code 94024
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5601</b>
Name of Employer (for Individual) TIMPSON ENTERPRISES INC		Occupation (for Individual) PROPERTY MANAGER
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="250.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 53
<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. TOPCHOV, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 588 SUTTER ST PMB 322  
 City SAN FRANCISCO State CA Zip Code 94102  
 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 08 / 17 / 2019  
**Transaction ID : SA11AI.5536**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. TREESE, WILLIAM SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 HILLSIDE DR  
 City BUFFALO State WY Zip Code 82834  
 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 ▼ 600.00

Date of Receipt 11 / 14 / 2019  
**Transaction ID : SA11AI.5951**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. TYER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 RICHARDSON ST  
 City PITTSFIELD State MA Zip Code 01201  
 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 ▼ 250.00

Date of Receipt 11 / 20 / 2019  
**Transaction ID : SA11AI.5991**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. VEENSTRA, GAIL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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 ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2019

**Transaction ID : SA11AI.6028**

Amount of Each Receipt this Period  
45.00

Memo Item

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

Mailing Address 5600 TENNYSON PKWY STE 165

City PLANO	State TX	Zip Code 75024
---------------	-------------	-------------------

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

Name of Employer (for Individual) OWN BUSINESS	Occupation (for Individual) PTA
---------------------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2019

**Transaction ID : SA11AI.5745**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2 ADMIRAL DR UNIT 376

City EMERYVILLE	State CA	Zip Code 94608
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2019

**Transaction ID : SA11AI.5448**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 53
	<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A. WARTHIN, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ADMIRAL DR UNIT 376  
 City EMERYVILLE State CA Zip Code 94608  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2019  
**Transaction ID : SA11AI.5933**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. WATKINS, JULIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 431  
 City ANSON State TX Zip Code 79501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABELIENE REGENCY CENTER Occupation (for Individual) NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2019  
**Transaction ID : SA11AI.5579**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. WATSON, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9204 PELICAN AVE  
 City FOUNTAIN VALLEY State CA Zip Code 92708  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2019  
**Transaction ID : SA11AI.5397**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 34 OF 53  
(check only one)

<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)  
**UNITED POLICE OFFICERS ASSOCIATION**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
YATES, JO ANN, , ,

Mailing Address PO BOX 840

City ARTESIA	State NM	Zip Code 88211
-----------------	-------------	-------------------

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 ▼  
1400.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2019

**Transaction ID : SA11AI.5497**

Amount of Each Receipt this Period  
1000.00

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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	17217.00

**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6077</b> Amount of Each Disbursement this Period [REDACTED] 32533.25
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		Category/ Type [REDACTED]
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>B. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6086</b> Amount of Each Disbursement this Period [REDACTED] 43366.16
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		Category/ Type [REDACTED]
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>C. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2019
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6091</b> Amount of Each Disbursement this Period [REDACTED] 20061.76
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		Category/ Type [REDACTED]
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 95961.17
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6096</b> Amount of Each Disbursement this Period [ ] 30266.95
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		Category/ Type [ ]
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>B. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6101</b> Amount of Each Disbursement this Period [ ] 16196.49
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		Category/ Type [ ]
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>C. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6106</b> Amount of Each Disbursement this Period [ ] 24306.39
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		Category/ Type [ ]
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 70769.83
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. GSI, INC**

Mailing Address 6655 Chicago Road, Suite A

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2019

FEC Identification Number

C  
Transaction ID : **SB21B.6079**  
Amount of Each Disbursement this Period  
13923.83

Memo Item

Full Name (Last, First, Middle Initial)

**B. GSI, INC**

Mailing Address 6655 Chicago Road, Suite A

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2019

FEC Identification Number

C  
Transaction ID : **SB21B.6087**  
Amount of Each Disbursement this Period  
11045.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. GSI, INC**

Mailing Address 6655 Chicago Road, Suite A

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

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 / 2019

FEC Identification Number

C  
Transaction ID : **SB21B.6092**  
Amount of Each Disbursement this Period  
15078.50

Memo Item

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

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

40047.88

**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 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. GSI, INC</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019	
Mailing Address 6655 Chicago Road, Suite A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6097</b> Amount of Each Disbursement this Period 10633.06	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		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>B. GSI, INC</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019	
Mailing Address 6655 Chicago Road, Suite A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6102</b> Amount of Each Disbursement this Period 8946.81	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		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>C. GSI, INC</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019	
Mailing Address 6655 Chicago Road, Suite A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6107</b> Amount of Each Disbursement this Period 3140.89	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	22720.76
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6085**  
 Amount of Each Disbursement this Period  
 35611.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6090**  
 Amount of Each Disbursement this Period  
 29357.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6095**  
 Amount of Each Disbursement this Period  
 26866.18

Memo Item

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

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

91835.58

**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6100**  
 Amount of Each Disbursement this Period  
 35792.69

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6105**  
 Amount of Each Disbursement this Period  
 39711.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6110**  
 Amount of Each Disbursement this Period  
 48334.92

Memo Item

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

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

123839.49



**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City  
Vero Beach

State  
FL

Zip Code  
32960

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	9		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.6080**

Amount of Each Disbursement this Period

[ ] 303.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City  
Vero Beach

State  
FL

Zip Code  
32960

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	9		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.6088**

Amount of Each Disbursement this Period

[ ] 656.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City  
Vero Beach

State  
FL

Zip Code  
32960

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	9		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.6093**

Amount of Each Disbursement this Period

[ ] 2910.75

Memo Item

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

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

[ ] 3870.75

[ ]

**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City Vero Beach State FL Zip Code 32960

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2019

FEC Identification Number

C

Transaction ID : SB21B.6098

Amount of Each Disbursement this Period

1312.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City Vero Beach State FL Zip Code 32960

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2019

FEC Identification Number

C

Transaction ID : SB21B.6103

Amount of Each Disbursement this Period

2651.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City Vero Beach State FL Zip Code 32960

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2019

FEC Identification Number

C

Transaction ID : SB21B.6108

Amount of Each Disbursement this Period

3524.25

Memo Item

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

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

7488.00

**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. POLITICAL MARKETING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019	
Mailing Address 1621 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6084</b> Amount of Each Disbursement this Period [ ] 159260.99	
City Cheyenne	State WY	Zip Code 35244	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		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>B. POLITICAL MARKETING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2019	
Mailing Address 1621 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6089</b> Amount of Each Disbursement this Period [ ] 123776.64	
City Cheyenne	State WY	Zip Code 35244	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		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>C. POLITICAL MARKETING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2019	
Mailing Address 1621 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6094</b> Amount of Each Disbursement this Period [ ] 109229.47	
City Cheyenne	State WY	Zip Code 35244	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 392267.10
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. POLITICAL MARKETING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019	
Mailing Address 1621 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6099</b> Amount of Each Disbursement this Period [ ] 112304.18	
City Cheyenne	State WY	Zip Code 35244	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
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>B. POLITICAL MARKETING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019	
Mailing Address 1621 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6104</b> Amount of Each Disbursement this Period [ ] 75184.60	
City Cheyenne	State WY	Zip Code 35244	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
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>C. POLITICAL MARKETING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019	
Mailing Address 1621 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6109</b> Amount of Each Disbursement this Period [ ] 56120.32	
City Cheyenne	State WY	Zip Code 35244	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 243609.10
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. POLITICAUSE, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019	
Mailing Address 204 West Spear Street #3719		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6082</b> Amount of Each Disbursement this Period [ ] 34109.02	
City Carson City	State NV	Zip Code 89703	Category/ Type [ ]
Purpose of Disbursement Donor Outreach			
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>B. Regus</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2019	
Mailing Address 9711 Washingtonian Blvd Suite 550		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6139</b> Amount of Each Disbursement this Period [ ] 49.00	
City Gaithersburg	State MD	Zip Code 20878	Category/ Type [ ]
Purpose of Disbursement Rent			
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>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6112</b> Amount of Each Disbursement this Period [ ] 8100.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 42258.02
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6113</b> Amount of Each Disbursement this Period [ ] 6000.00
City Tampa	State FL	Zip Code 33637
Purpose of Disbursement Media Consulting	Category/ Type [ ]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>B. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2019
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6114</b> Amount of Each Disbursement this Period [ ] 5200.00
City Tampa	State FL	Zip Code 33637
Purpose of Disbursement Media Consulting	Category/ Type [ ]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2019
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6115</b> Amount of Each Disbursement this Period [ ] 6100.00
City Tampa	State FL	Zip Code 33637
Purpose of Disbursement Media Consulting	Category/ Type [ ]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 17300.00
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6116</b> Amount of Each Disbursement this Period [ ] 8000.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>B. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6119</b> Amount of Each Disbursement this Period [ ] 5400.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6120</b> Amount of Each Disbursement this Period [ ] 6000.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 19400.00
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2019

Mailing Address 7320 E Fletcher Ave

FEC Identification Number

C [ ]

Transaction ID : SB21B.6121

Amount of Each Disbursement this Period

[ ] 4000.00

Memo Item

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2019

Mailing Address 7320 E Fletcher Ave

FEC Identification Number

C [ ]

Transaction ID : SB21B.6122

Amount of Each Disbursement this Period

[ ] 4000.00

Memo Item

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2019

Mailing Address 7320 E Fletcher Ave

FEC Identification Number

C [ ]

Transaction ID : SB21B.6123

Amount of Each Disbursement this Period

[ ] 9000.00

Memo Item

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 17000.00

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

[ ]



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.6124  
Amount of Each Disbursement this Period  
3750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.6125  
Amount of Each Disbursement this Period  
5700.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.6126  
Amount of Each Disbursement this Period  
4700.00

Memo Item

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

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

14150.00

**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6129</b> Amount of Each Disbursement this Period [ ] 6900.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>B. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6130</b> Amount of Each Disbursement this Period [ ] 4200.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6131</b> Amount of Each Disbursement this Period [ ] 3500.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 14600.00
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6132**  
Amount of Each Disbursement this Period  
2400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6133**  
Amount of Each Disbursement this Period  
6500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City Tampa State FL Zip Code 33637

Purpose of Disbursement  
Media Consulting

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.6135**  
Amount of Each Disbursement this Period  
2950.00

Memo Item

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

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

11850.00

**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6136</b> Amount of Each Disbursement this Period [ ] 2700.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>B. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 11 / 22 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6137</b> Amount of Each Disbursement this Period [ ] 2300.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6138</b> Amount of Each Disbursement this Period [ ] 2700.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 7700.00
<b>TOTAL</b> 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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6140</b> Amount of Each Disbursement this Period [ ] 7900.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>B. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6141</b> Amount of Each Disbursement this Period [ ] 3200.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6142</b> Amount of Each Disbursement this Period [ ] 4500.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 15600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 1252267.68