

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **4712 El Presidente Dr**
 Check if different than previously reported. (ACC) **LAS VEGAS NV 89129**

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

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

5. Covering Period / / 07 01 2019 through / / 12 31 2019

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

Signature of Treasurer *Pollock, Kecia, Marie, ,* [Electronically Filed] Date / / 01 30 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

POLICE OFFICERS DEFENSE ALLIANCE LLC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value=""/>	<input type="text" value="107918.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="142917.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="784595.16"/>	<input type="text" value="2407532.36"/>
(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="927512.41"/>	<input type="text" value="2515450.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="706603.98"/>	<input type="text" value="2294542.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="220908.43"/>	<input type="text" value="220908.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

POLICE OFFICERS DEFENSE ALLIANCE LLC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9604.00	24785.00
(ii) Unitemized	774991.16	2382747.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	784595.16	2407532.36
(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)	784595.16	2407532.36
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)).....▶	784595.16	2407532.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	784595.16	2407532.36

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	701863.98	2289802.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	701863.98	2289802.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2800.00	2800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	1940.00	1940.00
(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)).....	1940.00	1940.00
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)) ..	706603.98	2294542.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	706603.98	2294542.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	784595.16	2407532.36
34. Total Contribution Refunds (from Line 28(d))	1940.00	1940.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	782655.16	2405592.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	701863.98	2289802.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	701863.98	2289802.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. ALLEN, RUBY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2059 CAMELOT DR

City OKLAHOMA CITY	State OK	Zip Code 73130
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2019

Transaction ID : SA11AI-17071364

Amount of Each Receipt this Period

215.00

 Memo Item

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

Mailing Address 2579 NW 19TH ST

City FORT LAUDERDALE	State FL	Zip Code 33311
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPEEDY CONCRETE CUTTING	Occupation (for Individual) CONSTRUCTION
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2019

Transaction ID : SA11AI-17057706

Amount of Each Receipt this Period

150.00

 Memo Item

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

Mailing Address 6250 N CASA BLANCA DR

City PARADISE VALLEY	State AZ	Zip Code 85253
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11AI-17053881

Amount of Each Receipt this Period

150.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	515.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CLARK, EMMA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1662 PATTERSON RD

City SMITHS GROVE	State KY	Zip Code 42171
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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 ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2019

Transaction ID : SA11AI-17069135

Amount of Each Receipt this Period
165.00

Memo Item

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

Mailing Address 6850 LAURELBROOK DR

City RIVERSIDE	State CA	Zip Code 92506
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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 ▼
265.00

Date of Receipt

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

Transaction ID : SA11AI-17069994

Amount of Each Receipt this Period
165.00

Memo Item

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

Mailing Address 6850 LAURELBROOK DR

City RIVERSIDE	State CA	Zip Code 92506
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2019

Transaction ID : SA11AI-17069794

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	430.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 600.00

Date of Receipt **12 / 06 / 2019**

Transaction ID : SA11AI-17069382

Amount of Each Receipt this Period 600.00

Memo Item

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

Mailing Address 4450 COUNTY ROAD 411

City MCKINNEY State TX Zip Code 75071

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 **07 / 19 / 2019**

Transaction ID : SA11AI-17075037

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 610 BOLT RD

City LAKE LURE State NC Zip Code 28746

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 **09 / 06 / 2019**

Transaction ID : SA11AI-17069588

Amount of Each Receipt this Period 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GONZALEZ, NUNCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 BRIDGE ST
 City SALEM State MA Zip Code 01970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adult Daycare Center Occupation (for Individual) Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2019
Transaction ID : SA11AI-17072096
 Amount of Each Receipt this Period 300.00
 Memo Item

B. GROTE, FREDERICK B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 W ORAIBI DR
 City PHOENIX State AZ Zip Code 85027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 27 / 2019
Transaction ID : SA11AI-17072280
 Amount of Each Receipt this Period 200.00
 Memo Item

C. GROTE, FREDERICK B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 W ORAIBI DR
 City PHOENIX State AZ Zip Code 85027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 04 / 2019
Transaction ID : SA11AI-17069795
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 620.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HAMBRICK, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 6TH ST NW
 City HICKORY State NC Zip Code 28601
 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 ▼ 565.00

Date of Receipt 08 / 01 / 2019
Transaction ID : SA11AI-17072675
 Amount of Each Receipt this Period 310.00
 Memo Item

B. HAMBRICK, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 6TH ST NW
 City HICKORY State NC Zip Code 28601
 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 ▼ 565.00

Date of Receipt 12 / 02 / 2019
Transaction ID : SA11AI-17071659
 Amount of Each Receipt this Period 55.00
 Memo Item

C. HAMILTON, JIMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1932 ALLYSON DR
 City TUPELO State MS Zip Code 38804
 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 / 02 / 2019
Transaction ID : SA11AI-17068453
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 665.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HAVER, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6332 PUMPKIN RIDGE DR
 UNIT 1
 City WINDSOR State CO Zip Code 80550
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) US Government Occupation (for Individual) Diplomat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 08 / 2019
Transaction ID : SA11AI-17076900
 Amount of Each Receipt this Period 150.00
 Memo Item

B. HENDERSON, VICKY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2780 MOUNTAIN BROOK PKWY
 City MOUNTAIN BRK State AL Zip Code 35223
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2019
Transaction ID : SA11AI-17074686
 Amount of Each Receipt this Period 250.00
 Memo Item

C. HOCKETT, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 SUNNY LN
 City GRANDY State NC Zip Code 27939
 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 12 / 16 / 2019
Transaction ID : SA11AI-17053654
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HOPKINS, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 45
 City BASS HARBOR State ME Zip Code 04653
 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 10 / 03 / 2019
Transaction ID : SA11AI-17068370
 Amount of Each Receipt this Period 100.00
 Memo Item

B. HUNTER, FOLANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 FINCASTLE LN
 City BLUEFIELD State VA Zip Code 24605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 03 / 2019
Transaction ID : SA11AI-17070218
 Amount of Each Receipt this Period 115.00
 Memo Item

C. JACKSON, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3088 LENOX RD NE APT 323
 City ATLANTA State GA Zip Code 30324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 20 / 2019
Transaction ID : SA11AI-17074839
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 105
	<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

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

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

A. JACKSON, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3088 LENOX RD NE
 APT 323
 City ATLANTA State GA Zip Code 30324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 08 / 2019
Transaction ID : SA11AI-17064556
 Amount of Each Receipt this Period 110.00
 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 ▼ 530.00

Date of Receipt 08 / 01 / 2019
Transaction ID : SA11AI-17072669
 Amount of Each Receipt this Period 315.00
 Memo Item

C. LANGSTON, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 TIMBER RIDGE DR
 City BYHALIA State MS Zip Code 38611
 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 07 / 15 / 2019
Transaction ID : SA11AI-17061211
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LANGSTON, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 TIMBER RIDGE DR
 City BYHALIA State MS Zip Code 38611
 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 09 / 03 / 2019
Transaction ID : SA11AI-17058378
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LENNOX, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 GULF BLVD
 City BELLEAIR BEACH State FL Zip Code 33786
 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 07 / 22 / 2019
Transaction ID : SA11AI-17061175
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LOPEZ, MIGUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 1ST AVE E APT 5N6
 City NEWTON State IA Zip Code 50208
 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 10 / 14 / 2019
Transaction ID : SA11AI-17057250
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. MAHER, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 HYACINTH CIR
 City SEBASTIAN State FL Zip Code 32976
 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 11 / 11 / 2019
Transaction ID : SA11AI-17064216
 Amount of Each Receipt this Period 215.00
 Memo Item

B. MITCHELL, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 7074
 City MACON State GA Zip Code 31209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIBSTAR AUTOMOTIVE GROUP Occupation (for Individual) AUTOMOTIVE TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 12 / 2019
Transaction ID : SA11AI-17069216
 Amount of Each Receipt this Period 115.00
 Memo Item

C. MORSHEDI, VALI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23732 SANDALWOOD ST
 City WEST HILLS State CA Zip Code 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 08 / 19 / 2019
Transaction ID : SA11AI-17071028
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MORSHEDI, VALI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23732 SANDALWOOD ST
 City WEST HILLS State CA Zip Code 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 02 / 2019
Transaction ID : SA11AI-17071577
 Amount of Each Receipt this Period 60.00
 Memo Item

B. PAGE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MAPLE AVE
 City LITTLE COMPTON State RI Zip Code 02837
 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 ▼ 400.00

Date of Receipt 10 / 02 / 2019
Transaction ID : SA11AI-17068391
 Amount of Each Receipt this Period 300.00
 Memo Item

C. PALMER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19535 REXHAM CT
 City HILMAR State CA Zip Code 95324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 23 / 2019
Transaction ID : SA11AI-17066672
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PAWLISH, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 S LAMAR ST
 City LAKEWOOD State CO Zip Code 80232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EKO SYSTEMS INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 25 / 2019
Transaction ID : SA11AI-17055144
 Amount of Each Receipt this Period 100.00
 Memo Item

B. PAWLISH, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 S LAMAR ST
 City LAKEWOOD State CO Zip Code 80232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EKO SYSTEMS INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2019
Transaction ID : SA11AI-17072959
 Amount of Each Receipt this Period 120.00
 Memo Item

C. PORTER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 SAPPHIRE SPRINGS DR
 City KNIGHTDALE State NC Zip Code 27545
 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 ▼ 264.00

Date of Receipt 12 / 23 / 2019
Transaction ID : SA11AI-17052266
 Amount of Each Receipt this Period 229.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	449.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PORTER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 SAPPHIRE SPRINGS DR
 City KNIGHTDALE State NC Zip Code 27545
 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 ▼ 264.00

Date of Receipt 12 / 23 / 2019
Transaction ID : SA11AI-17052764
 Amount of Each Receipt this Period 35.00
 Memo Item

B. QUIROGA, JORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 NW 33RD AVE APT B
 City MIAMI State FL Zip Code 33125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 23 / 2019
Transaction ID : SA11AI-17063692
 Amount of Each Receipt this Period 105.00
 Memo Item

C. QUIROGA, JORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 NW 33RD AVE APT B
 City MIAMI State FL Zip Code 33125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) DRIVER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 30 / 2019
Transaction ID : SA11AI-17063759
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RARNRENY, MAURIRIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 E LAKE ST
 APT 3803
 City CHICAGO State IL Zip Code 60601
 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 11 / 12 / 2019
Transaction ID : SA11AI-17063684
 Amount of Each Receipt this Period 500.00
 Memo Item

B. RULE, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LAMATAN RD
 City NEWARK State DE Zip Code 19711
 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 ▼ 340.00

Date of Receipt 11 / 01 / 2019
Transaction ID : SA11AI-17065692
 Amount of Each Receipt this Period 115.00
 Memo Item

C. RUSHEN, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3450 OLD BRAINARD RD
 City PEPPER PIKE State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 16 / 2019
Transaction ID : SA11AI-17053657
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 765.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SCHNITZLER, GARY, , ,

Mailing Address **PO BOX 610**

City KINGSBURG	State CA	Zip Code 93631
--------------------------	--------------------	--------------------------

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-17060765

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address **PO BOX 610**

City KINGSBURG	State CA	Zip Code 93631
--------------------------	--------------------	--------------------------

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
08 / 26 / 2019

Transaction ID : SA11AI-17058747

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address **619 MANVILLE RD**

City WOONSOCKET	State RI	Zip Code 02895
---------------------------	--------------------	--------------------------

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 ▼
340.00

Date of Receipt
08 / 19 / 2019

Transaction ID : SA11AI-17071035

Amount of Each Receipt this Period
205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STOUT, MARY L, , ,

Mailing Address 5267 NW STATE ROUTE FF

City ADRIAN	State MO	Zip Code 64720
----------------	-------------	-------------------

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
07		19		2019

Transaction ID : SA11AI-17074980

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 5267 NW STATE ROUTE FF

City ADRIAN	State MO	Zip Code 64720
----------------	-------------	-------------------

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		07		2019

Transaction ID : SA11AI-17064707

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 105 E 58TH ST

City SAVANNAH	State GA	Zip Code 31405
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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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2019

Transaction ID : SA11AI-17071961

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. VIRANT, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E 58TH ST
 City SAVANNAH State GA Zip Code 31405
 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 ▼ 260.00

Date of Receipt **12 / 02 / 2019**
Transaction ID : SA11AI-17071638
 Amount of Each Receipt this Period 55.00
 Memo Item

B. WALLER, KATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1585 WESLEY PKWY NW
 City ATLANTA State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coca Cola Co Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **09 / 17 / 2019**
Transaction ID : SA11AI-17068940
 Amount of Each Receipt this Period 165.00
 Memo Item

C. WARD, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52697 VALLEY VIEW CIR
 City MANKATO State MN Zip Code 56003
 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 ▼ 285.00

Date of Receipt **11 / 11 / 2019**
Transaction ID : SA11AI-17056139
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	470.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 12001 DESSAU RD
APT 514

City AUSTIN State TX Zip Code 78754

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
 08 / 12 / 2019
Transaction ID : SA11AI-17071983

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address 12001 DESSAU RD
APT 514

City AUSTIN State TX Zip Code 78754

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 / 02 / 2019
Transaction ID : SA11AI-17071632

Amount of Each Receipt this Period
65.00

Memo Item

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

Mailing Address 1337 PARAMOUNT DR

City BERTHOUD State CO Zip Code 80513

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 09 / 03 / 2019
Transaction ID : SA11AI-17058337

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHITE, LIESL, , ,

Mailing Address 1337 PARAMOUNT DR

City BERTHOUD	State CO	Zip Code 80513
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID : SA11AI-17057694

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 107 PEARSON ST

City PORTSMOUTH	State NH	Zip Code 03801
--------------------	-------------	-------------------

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

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

Transaction ID : SA11AI-17065288

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	9604.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Pollock, Kecia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El President Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31883

Amount of Each Disbursement this Period: 1475.13

Direct Deposit

Memo Item

B. Pollock, William, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El President Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31883

Amount of Each Disbursement this Period: 662.62

Direct Deposit

Memo Item

C. Pollock, Kecia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El President Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31883

Amount of Each Disbursement this Period: 1475.12

Direct Deposit

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pollock, William, , ,			Date of Disbursement MM / DD / YYYY 07 / 18 / 2019		
Mailing Address 4712 El President Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Wages				Category/ Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
			FEC Identification Number C Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 662.63 Direct Deposit <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 08 / 01 / 2019		
Mailing Address 4712 El President Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Wages				Category/ Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
			FEC Identification Number C Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 1917.05 Direct Deposit <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 08 / 15 / 2019		
Mailing Address 4712 El President Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Wages				Category/ Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
			FEC Identification Number C Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 1997.40 Direct Deposit <input checked="" type="checkbox"/> Memo Item		

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pollock, Kecia, , ,		Date of Disbursement MM / DD / YYYY 08 / 29 / 2019	
Mailing Address 4712 El President Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 1997.40	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Wages		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Pollock, Kecia, , ,		Date of Disbursement MM / DD / YYYY 09 / 12 / 2019	
Mailing Address 4712 El President Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 2158.10	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Wages		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Pollock, Kecia, , ,		Date of Disbursement MM / DD / YYYY 09 / 26 / 2019	
Mailing Address 4712 El President Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 2158.10	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Wages		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 10 / 10 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Wages		Category/Type 001		
Candidate Name		Transaction ID : SB21B-31884		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 2158.10		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Direct Deposit <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 10 / 24 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Wages		Category/Type 001		
Candidate Name		Transaction ID : SB21B-31884		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 2158.10		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Direct Deposit <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 11 / 07 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Wages		Category/Type 001		
Candidate Name		Transaction ID : SB21B-31884		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 1997.40		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	1997.40
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 11 / 20 / 2019		
Mailing Address 4712 El President Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Wages				Category/ Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
FEC Identification Number C			Transaction ID : SB21B-31884		
Amount of Each Disbursement this Period			2238.45		
Direct Deposit			<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 12 / 05 / 2019		
Mailing Address 4712 El President Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Wages				Category/ Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
FEC Identification Number C			Transaction ID : SB21B-31884		
Amount of Each Disbursement this Period			2238.45		
Direct Deposit			<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 12 / 19 / 2019		
Mailing Address 4712 El President Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Wages				Category/ Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
FEC Identification Number C			Transaction ID : SB21B-31884		
Amount of Each Disbursement this Period			2238.45		
Direct Deposit			<input checked="" type="checkbox"/> Memo Item		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Incorporators LTD		Date of Disbursement MM / DD / YYYY 10 / 07 / 2019	
Mailing Address 1013 Centre Road Suite 403-A		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31885	
City Wilmington	State DE	Zip Code 19805-1270	Amount of Each Disbursement this Period [REDACTED] 2147.84
Purpose of Disbursement Business Registration Fees		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 07 5230716975 Police Officers Defenc
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. American Incorporators LTD		Date of Disbursement MM / DD / YYYY 12 / 23 / 2019	
Mailing Address 1013 Centre Road Suite 403-A		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31885	
City Wilmington	State DE	Zip Code 19805-1270	Amount of Each Disbursement this Period [REDACTED] 150.00 ACH Debit
Purpose of Disbursement Business Registration Fees		Category/ Type 001	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 07 / 08 / 2019	
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31885	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [REDACTED] 12717.28 Check# 1145
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 07 / 15 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period 9403.84
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 07 / 18 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period 7041.76
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 07 / 25 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period 6653.60
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	23099.20
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services			Date of Disbursement MM / DD / YYYY 08 / 01 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [REDACTED] 13801.12	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology Services			Date of Disbursement MM / DD / YYYY 08 / 12 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [REDACTED] 11089.76	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology Services			Date of Disbursement MM / DD / YYYY 08 / 21 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [REDACTED] 2198.40	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 21 5226791774 Police Officers Defenc	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 24890.88
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 08 / 23 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period 6251.84
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period 5675.68 BUSINESS TO BUSINESS ACH 03 5227722437 Police Officers Defenc
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period 3535.04
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

9786.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 17 / 2019		
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888		
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [REDACTED] 3182.88		
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 17 5229080068 Police Officers Defenc		
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. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 25 / 2019		
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889		
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [REDACTED] 2668.32		
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 25 5229618495 Police Officers Defenc		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					

Full Name (Last, First, Middle Initial) C. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 27 / 2019		
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888		
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [REDACTED] 3080.80		
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 27 5229805097 Police Officers Defenc		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 10 / 09 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 2630.88
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 10 / 21 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 4320.48
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 10 / 28 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 6472.48
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	13423.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services			Date of Disbursement MM / DD / YYYY 10 / 31 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 6084.48	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology Services			Date of Disbursement MM / DD / YYYY 11 / 12 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 7358.40	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology Services			Date of Disbursement MM / DD / YYYY 11 / 15 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 11341.60	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 15 5234068169 Police Officers Defenc	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

13442.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period [REDACTED] 3721.12
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 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 checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH 25 5234645148 Police Officers Defenc	

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period [REDACTED] 10000.00
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 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 checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH 26 5234645238 Police Officers Defenc	

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 27 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31891 Amount of Each Disbursement this Period [REDACTED] 16296.64
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 16296.64
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 12 / 05 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31890 Amount of Each Disbursement this Period 15401.12
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 12 / 12 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31890 Amount of Each Disbursement this Period 14502.56
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31890 Amount of Each Disbursement this Period 16686.88
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

46590.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 12 / 30 / 2019	
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-31890	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [] 14530.24
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 02 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [] Transaction ID : SB21B-31893	
City American Fork	State UT	Zip Code 84003	Amount of Each Disbursement this Period [] 278.83
Purpose of Disbursement Credit Card Processing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH XXXXX6286 POLICE OFFICERS DEFENS
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 08 / 02 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [] Transaction ID : SB21B-31894	
City American Fork	State UT	Zip Code 84003	Amount of Each Disbursement this Period [] 205.54
Purpose of Disbursement Credit Card Processing		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH XXXXX7994 POLICE OFFICERS DEFENS
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 14530.24
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [] 85.63
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Processing		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH XXXXX0804 POLICE OFFICERS DEFENS	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 02 / 2019
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [] 57.49
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Processing		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH XXXXX9674 POLICE OFFICERS DEFENS	

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 11 / 04 / 2019
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [] 171.24
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Processing		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH XXXXX9794 POLICE OFFICERS DEFENS	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Authorize.net			Date of Disbursement MM / DD / YYYY 12 / 03 / 2019		
Mailing Address 808 E Utah Valley Dr					
City American Fork		State UT	Zip Code 84003		
Purpose of Disbursement Credit Card Processing				Category/Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH XXXXX6951 POLICE OFFICERS DEFENS			

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-31894
Amount of Each Disbursement this Period
[REDACTED] 338.33

Full Name (Last, First, Middle Initial) B. Authorize.net			Date of Disbursement MM / DD / YYYY 12 / 31 / 2019		
Mailing Address 808 E Utah Valley Dr					
City American Fork		State UT	Zip Code 84003		
Purpose of Disbursement Credit Card Processing Fees (combined)				Category/Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		<input checked="" type="checkbox"/> Memo Item Combined fees from 7/1/2019 through 12/31/2019			

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-32264
Amount of Each Disbursement this Period
[REDACTED] 11711.98

Full Name (Last, First, Middle Initial) C. C Terry Raben LTD			Date of Disbursement MM / DD / YYYY 07 / 05 / 2019		
Mailing Address 3140 S. Rainbow Blvd. Suite# 403					
City Las Vegas		State NV	Zip Code 89146		
Purpose of Disbursement Accounting Fees				Category/Type 001	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		<input checked="" type="checkbox"/> Memo Item PURCHASE 07/03 LAS VEGAS NV CARD 7759			

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-31894
Amount of Each Disbursement this Period
[REDACTED] 175.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. C Terry Raben LTD		Date of Disbursement MM / DD / YYYY 08 / 09 / 2019
Mailing Address 3140 S. Rainbow Blvd. Suite# 403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31894
City Las Vegas	State NV	Zip Code 89146
Purpose of Disbursement Accounting Fees		Amount of Each Disbursement this Period 25.00
Candidate Name		PURCHASE 08/08 LAS VEGAS NV <input checked="" type="checkbox"/> Memo Item CARD 7759
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:	Category/ Type 001	

Full Name (Last, First, Middle Initial) B. C Terry Raben LTD		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019
Mailing Address 3140 S. Rainbow Blvd. Suite# 403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31895
City Las Vegas	State NV	Zip Code 89146
Purpose of Disbursement Accounting Fees		Amount of Each Disbursement this Period 500.00
Candidate Name		PURCHASE 12/19 LAS VEGAS NV <input checked="" type="checkbox"/> Memo Item CARD 7759
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:	Category/ Type 001	

Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 07 / 08 / 2019
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31897
City Marietta	State GA	Zip Code 30060
Purpose of Disbursement Credit Card Pmt Processing and verification		Amount of Each Disbursement this Period 18050.36
Candidate Name		Check# 1146 <input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type 001	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31897
Amount of Each Disbursement this Period
 13347.35

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31898
Amount of Each Disbursement this Period
 9994.90

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31898
Amount of Each Disbursement this Period
 9443.95

Memo Item

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

32786.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants		Date of Disbursement MM / DD / YYYY 08 / 01 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31898	
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period [REDACTED] 19588.74
Purpose of Disbursement Credit Card Pmt Processing and verification		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Compliance Consultants		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31898	
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period [REDACTED] 15740.30
Purpose of Disbursement Credit Card Pmt Processing and verification		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 08 / 16 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31898	
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period [REDACTED] 3120.35
Purpose of Disbursement Credit Card Pmt Processing and verification		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 16 5226474677 Police Officers Defenc
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 35329.04
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Compliance Consultants

Mailing Address 270 Cobb Pky S

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period

8873.48

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 270 Cobb Pky S

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period

8055.92

BUSINESS TO BUSINESS ACH 30
5227580999 Police Officers Defenc

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 270 Cobb Pky S

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period

5017.32

Memo Item

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

13890.80

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 4517.47

Memo Item BUSINESS TO BUSINESS ACH 17 5229080512 Police Officers Defenc

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 3787.35

Memo Item BUSINESS TO BUSINESS ACH 24 5229617796 Police Officers Defenc

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 4372.58

Memo Item BUSINESS TO BUSINESS ACH 26 5229804139 Police Officers Defenc

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants		Date of Disbursement MM / DD / YYYY 10 / 07 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31899	
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period [REDACTED] 3048.36
Purpose of Disbursement Credit Card Pmt Processing and verification		Category/ Type 001	Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 07 Memo Item 5230716689 Police Officers Defenc
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. Compliance Consultants		Date of Disbursement MM / DD / YYYY 10 / 09 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31899	
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period [REDACTED] 3734.21
Purpose of Disbursement Credit Card Pmt Processing and verification		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 10 / 21 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31899	
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period [REDACTED] 6132.15
Purpose of Disbursement Credit Card Pmt Processing and verification		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 9866.36
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 28 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31899 Amount of Each Disbursement this Period [] 9186.88	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing and verification			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 9186.88	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) B. Compliance Consultants			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 31 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31899 Amount of Each Disbursement this Period [] 8635.93	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing and verification			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 8635.93	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) C. Compliance Consultants			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 12 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31899 Amount of Each Disbursement this Period [] 10444.10	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing and verification			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 10444.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 28266.91	
TOTAL This Period (last page this line number only)..... ▶			[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 6097.76

Memo Item BUSINESS TO BUSINESS ACH 18 5234072662 Police Officers Defenc

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 10000.00

Memo Item BUSINESS TO BUSINESS ACH 19 5234072860 Police Officers Defenc

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 13000.00

Memo Item BUSINESS TO BUSINESS ACH 21 5234629335 Police Officers Defenc

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
11 / 22 / 2019

FEC Identification Number

Transaction ID : SB21B-31900
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 22
5234630264 Police Officers Defenc

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
11 / 27 / 2019

FEC Identification Number

Transaction ID : SB21B-31900
Amount of Each Disbursement this Period

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
12 / 05 / 2019

FEC Identification Number

Transaction ID : SB21B-31900
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31900

Amount of Each Disbursement this Period: 20584.34

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31900

Amount of Each Disbursement this Period: 23684.71

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and verification

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31900

Amount of Each Disbursement this Period: 20623.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 64892.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Cox Communications

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications
Candidate Name

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

Date of Disbursement: 07 / 19 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31901
Amount of Each Disbursement this Period: 855.35
PURCHASE 07/18 800-234-3993
 Memo Item NV CARD 7759

B. Cox Communications

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications
Candidate Name

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

Date of Disbursement: 07 / 19 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31901
Amount of Each Disbursement this Period: 52.50
PURCHASE 07/18 800-234-3993
 Memo Item NV CARD 7759

C. Intuit Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee
Candidate Name

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

Date of Disbursement: 07 / 03 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31901
Amount of Each Disbursement this Period: 3.50
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations

001
Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
 14.95

Memo Item Electronic Bank Feed

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
 3.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
 1.75

Memo Item

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

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

5.25

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations

001
Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 08 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
14.95

Wells Fargo Bank Feed
 Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

001
Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 15 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
1.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

001
Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 29 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
1.75

Memo Item

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

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

3.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Operations

001
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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2019

FEC Identification Number

C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
14.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

001
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:	

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
1.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

001
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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2019

FEC Identification Number

C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period
1.75

Memo Item

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

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

18.45

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **10 / 08 / 2019**

FEC Identification Number: **C**
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period: **14.95**
WF Bank Feed
 Memo Item

Full Name (Last, First, Middle Initial)
B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **10 / 10 / 2019**

FEC Identification Number: **C**
Transaction ID : SB21B-31904
Amount of Each Disbursement this Period: **1.75**
 Memo Item

Full Name (Last, First, Middle Initial)
C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **10 / 24 / 2019**

FEC Identification Number: **C**
Transaction ID : SB21B-31904
Amount of Each Disbursement this Period: **1.75**
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **3.50**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2019			

FEC Identification Number

Transaction ID : SB21B-31904
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21B-31904
 Amount of Each Disbursement this Period

 WF Bank Feed

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2019			

FEC Identification Number

Transaction ID : SB21B-31904
 Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period

[Redacted] 1.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Operations

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period

[Redacted] 14.95

WF Bank Feed

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period

[Redacted] 1.75

Memo Item

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

[Redacted] 3.50

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

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. NV Employment, Training & Rehabilitation

Full Name (Last, First, Middle Initial)
Mailing Address 500 E. Third Street

City Carson City State NV Zip Code 89713-0030

Purpose of Disbursement Nevada Unemployment Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y
10 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period: 1046.88

Memo Item

B. NV Employment, Training & Rehabilitation

Full Name (Last, First, Middle Initial)
Mailing Address 500 E. Third Street

City Carson City State NV Zip Code 89713-0030

Purpose of Disbursement Nevada Unemployment Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y
11 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period: 5.00

Memo Item

C. NV Employment, Training & Rehabilitation

Full Name (Last, First, Middle Initial)
Mailing Address 500 E. Third Street

City Carson City State NV Zip Code 89713-0030

Purpose of Disbursement Nevada Unemployment Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y
11 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period: 311.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ► 1363.18

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6750 N Durango Dr.

City Las Vegas State NV Zip Code 89149

Purpose of Disbursement Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31905

Amount of Each Disbursement this Period: 449.43

Memo Item PURCHASE 07/14 LAS VEGAS NV CARD 7759

B. State of Nevada

Full Name (Last, First, Middle Initial)

Mailing Address 101 North Carson Street Suite 3

City Carson City State NV Zip Code 89701

Purpose of Disbursement Business Registration Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31905

Amount of Each Disbursement this Period: 525.00

Memo Item Secretary of State filing / ACH Debit

C. Unified Data Services

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31905

Amount of Each Disbursement this Period: 6150.30

Memo Item Check# 1147

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31908
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31908
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31908
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 01 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31908
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Amount of Each Disbursement this Period [] 6676.80
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31908
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Amount of Each Disbursement this Period [] 5366.40
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 21 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31908
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Amount of Each Disbursement this Period [] 1060.80
Candidate Name		<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH 21 5226790186 Police Officers Defenc
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 12043.20
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 23 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period [] 3022.50
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [] 2745.60
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period [] 1708.20
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7476.30
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Unified Data Services

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31909
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 18
5229080969 Police Officers Defenc

B. Unified Data Services

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31909
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 25
5229618660 Police Officers Defenc

C. Unified Data Services

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31909
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 27
5229806123 Police Officers Defenc

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31909
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 08 5230870640 Police Officers Defenc

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31909
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31909
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Unified Data Services			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 28 / 2019		
Mailing Address 2223 S Highland Dr #E6-240			FEC Identification Number C [] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [] 3131.70		
City Salt Lake City	State UT	Zip Code 84106	Category/Type 003		
Purpose of Disbursement Caging and Escrow		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. Unified Data Services			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 31 / 2019		
Mailing Address 2223 S Highland Dr #E6-240			FEC Identification Number C [] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [] 2944.50		
City Salt Lake City	State UT	Zip Code 84106	Category/Type 003		
Purpose of Disbursement Caging and Escrow		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) C. Unified Data Services			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 12 / 2019		
Mailing Address 2223 S Highland Dr #E6-240			FEC Identification Number C [] Transaction ID : SB21B-31911 Amount of Each Disbursement this Period [] 3560.70		
City Salt Lake City	State UT	Zip Code 84106	Category/Type 003		
Purpose of Disbursement Caging and Escrow		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 9636.90		
TOTAL This Period (last page this line number only)..... ▶			[]		

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 11 / 14 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31910 Amount of Each Disbursement this Period 5487.30
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH 14 5234064857 Police Officers Defenc	

Full Name (Last, First, Middle Initial) B. Unified Data Services		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31910 Amount of Each Disbursement this Period 6637.80
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH 25 5234631008 Police Officers Defenc	

Full Name (Last, First, Middle Initial) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 11 / 27 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31911 Amount of Each Disbursement this Period 7885.80
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7885.80
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 12 / 05 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31910
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Amount of Each Disbursement this Period [] 7452.90
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) B. Unified Data Services		Date of Disbursement MM / DD / YYYY 12 / 12 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31910
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Amount of Each Disbursement this Period [] 7016.10
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [] Transaction ID : SB21B-31911
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Amount of Each Disbursement this Period [] 8073.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 003	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 22542.00
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)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2019			

FEC Identification Number

Transaction ID : SB21B-31910
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2019			

FEC Identification Number

Transaction ID : SB21B-31912
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2019			

FEC Identification Number

Transaction ID : SB21B-31911
 Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 19
270960592058051 POLICE OFFICERS DEFENS

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 07 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31912
Amount of Each Disbursement this Period
558.90

Memo Item BUSINESS TO BUSINESS ACH 19
270961971566253 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 21 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31912
Amount of Each Disbursement this Period
586.20

Memo Item BUSINESS TO BUSINESS ACH 19
270963371195503 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 04 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31912
Amount of Each Disbursement this Period
586.20

Memo Item BUSINESS TO BUSINESS ACH 19
270964770944520 POLICE OFFICERS DEFENS

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31912
Amount of Each Disbursement this Period
640.80

Memo Item BUSINESS TO BUSINESS ACH 19
270966183052506 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 02 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31912
Amount of Each Disbursement this Period
640.80

Memo Item BUSINESS TO BUSINESS ACH 19
270967554425378 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 16 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31912
Amount of Each Disbursement this Period
640.80

Memo Item BUSINESS TO BUSINESS ACH 19
270968965883911 POLICE OFFICERS DEFENS

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
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 / 30 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
Amount of Each Disbursement this Period
640.80

Memo Item BUSINESS TO BUSINESS ACH 19
270970390758157 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
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 / 13 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
Amount of Each Disbursement this Period
586.20

Memo Item BUSINESS TO BUSINESS ACH 19
270971772178342 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
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 / 27 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
Amount of Each Disbursement this Period
668.10

Memo Item BUSINESS TO BUSINESS ACH 19
270973174669058 POLICE OFFICERS DEFENS

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
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
12 / 11 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
Amount of Each Disbursement this Period
668.10

Memo Item BUSINESS TO BUSINESS ACH 19
270974500364091 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
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
12 / 24 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
Amount of Each Disbursement this Period
668.10

Memo Item BUSINESS TO BUSINESS ACH 19
270975884352646 POLICE OFFICERS DEFENS

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees 001
Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 01 / 2019

FEC Identification Number
C
Transaction ID : SB21B-32144
Amount of Each Disbursement this Period
25.02

Memo Item

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

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

25.02

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 01 / 2019

FEC Identification Number

Transaction ID : SB21B-32147
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 09 / 2019

FEC Identification Number

Transaction ID : SB21B-32141
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 09 / 2019

FEC Identification Number

Transaction ID : SB21B-3214!
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Merchant Service Bankcard Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period

2	5	.	0	2
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Return Check Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-32142

Amount of Each Disbursement this Period

1	2	.	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Return Check Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period

5	0	.	0	0
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Memo Item

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

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

8	7	.	0	2
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32141

Amount of Each Disbursement this Period: 24.00

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32146

Amount of Each Disbursement this Period: 60.00

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 20.02

Memo Item BUSINESS TO BUSINESS ACH 17 899000003657861 POLICE OFFICER DEFENSE

SUBTOTAL of Disbursements This Page (optional)..... ▶ 84.00

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)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32141
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32146
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-3214;
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32144
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32147
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32147
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 40.00

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 1070.50

Excess Transactions Fee

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 1261.66

BUSINESS TO BUSINESS ACH 31
899000003657861 POLICE OFFICER DEFENSE

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40.00

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)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 05 / 2019

FEC Identification Number

Transaction ID : SB21B-32142
Amount of Each Disbursement this Period

FEE
 Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 05 / 2019

FEC Identification Number

Transaction ID : SB21B-32144
Amount of Each Disbursement this Period

RETN UNPAID - PAPER 190805

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 09 / 2019

FEC Identification Number

Transaction ID : SB21B-3214;
Amount of Each Disbursement this Period

FEE
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2019

FEC Identification Number

C

Transaction ID : SB21B-32144
Amount of Each Disbursement this Period

20.00

RETN UNPAID - PAPER 190809

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB21B-32142
Amount of Each Disbursement this Period

12.00

FEE

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB21B-32143
Amount of Each Disbursement this Period

15.00

RETN UNPAID - PAPER 190816

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/ Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-32142
Amount of Each Disbursement this Period
12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/ Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-32144
Amount of Each Disbursement this Period
35.00
RETN UNPAID - PAPER 190823

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/ Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-3214!
Amount of Each Disbursement this Period
35.00

Memo Item

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

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

35.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32150

Amount of Each Disbursement this Period: 1037.00

Service Charge

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 490.42

BUSINESS TO BUSINESS ACH 30
899000003657861 POLICE
OFFICER DEFENSE

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Returns and Chargebacks

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

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)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32143
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee	Candidate Name	Amount of Each Disbursement this Period [] 12.00
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) ▼	Category/Type 001
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32145
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee	Candidate Name	Amount of Each Disbursement this Period [] 40.00
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) ▼	Category/Type 001
State: District:		<input checked="" type="checkbox"/> Memo Item RETN UNPAID - PAPER 190909

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 09 / 11 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32147
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees	Candidate Name	Amount of Each Disbursement this Period [] 300.02
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) ▼	Category/Type 001
State: District:		<input checked="" type="checkbox"/> Memo Item BUSINESS TO BUSINESS ACH 10 899000003657861 POLICE OFFICER DEFENSE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Returns and Chargebacks

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32146

Amount of Each Disbursement this Period: 25.00

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32143

Amount of Each Disbursement this Period: 12.00
FEE

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 20.00
RETN UNPAID - PAPER 190923

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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)
POLICE OFFICERS DEFENSE ALLIANCE LLC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32147
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 20
899000003657861 POLICE
OFFICER DEFENSE

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32147
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 23
899000003657861 POLICE
OFFICER DEFENSE

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Service Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32151
Amount of Each Disbursement this Period

Memo Item Service Charge

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 10 / 02 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32148
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 473.57
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 30 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 10 / 08 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32148
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 260.09
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 07 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 10 / 09 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32148
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 20.02
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 08 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 10 / 18 / 2019	
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] Transaction ID : SB21B-32142	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 24.00
Purpose of Disbursement Bank Return Check Fee		Category/ Type 001	FEE
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 10 / 18 / 2019	
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] Transaction ID : SB21B-32146	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 60.00
Purpose of Disbursement Bank Return Check Fee		Category/ Type 001	RETN UNPAID - PAPER 191018
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 10 / 18 / 2019	
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] Transaction ID : SB21B-32144	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 35.02
Purpose of Disbursement Merchant Service Bankcard Fees		Category/ Type 001	BUSINESS TO BUSINESS ACH 17 899000003657861 POLICE OFFICER DEFENSE
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32143

Amount of Each Disbursement this Period: 12.00

FEE

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 15.00

RETN UNPAID - PAPER 191022

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B-3214:

Amount of Each Disbursement this Period: 12.00

FEE

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 20.00

RETN UNPAID - PAPER 191028

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32150

Amount of Each Disbursement this Period: 300.00

Service Charge

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 20.02

Memo:BUSINESS TO BUSINESS
ACH 19 899000003657861
POLICE OFFICER DEFENSE

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 11 / 04 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32148
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 746.27
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 31 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 11 / 06 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32148
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 25.02
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 05 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 11 / 08 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32148
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 80.07
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 07 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32143

Amount of Each Disbursement this Period: 12.00

FEE

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 35.00

RETN UNPAID - PAPER 191112

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 75.00

BUSINESS TO BUSINESS ACH 11
899000003657861 POLICE
OFFICER DEFENSE

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32143
Amount of Each Disbursement this Period

Memo Item FEE

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32144
Amount of Each Disbursement this Period

RETN UNPAID - PAPER 191113

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32144
Amount of Each Disbursement this Period

BUSINESS TO BUSINESS ACH 14
899000003657861 POLICE
OFFICER DEFENSE

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-32142
Amount of Each Disbursement this Period
24.00

Memo Item FEE

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-32145
Amount of Each Disbursement this Period
40.00
RETN UNPAID - PAPER 191119

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32145
Amount of Each Disbursement this Period
20.02

Memo Item

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

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

20.02

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 11 / 22 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32149
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 35.02
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 21 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32149
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 35.02
Candidate Name		Memo Item <input checked="" type="checkbox"/> BUSINESS TO BUSINESS ACH 22 899000003657861 POLICE OFFICER DEFENSE
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-3214;
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee		Amount of Each Disbursement this Period [] 24.00
Candidate Name		Memo Item <input checked="" type="checkbox"/> FEE
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:	Category/Type 001	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 40.00

RETN UNPAID - PAPER 191126

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period: 35.02

BUSINESS TO BUSINESS ACH 26
899000003657861 POLICE OFFICER DEFENSE

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32148

Amount of Each Disbursement this Period: 20.02

BUSINESS TO BUSINESS ACH 27
899000003657861 POLICE OFFICER DEFENSE

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32150
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Service Charge		Amount of Each Disbursement this Period [] 812.00
Candidate Name		Category/Type 001
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) ▼	Service Charge <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 02 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32143
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee		Amount of Each Disbursement this Period [] 12.00
Candidate Name		Category/Type 001
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) ▼	FEE <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 02 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32144
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee		Amount of Each Disbursement this Period [] 20.00
Candidate Name		Category/Type 001
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) ▼	RETN UNPAID - PAPER 191202 <input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

001
Category/ Type

Candidate Name

Office Sought: <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:	

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period

55.48

Memo Item BUSINESS TO BUSINESS ACH 29
899000003657861 POLICE
OFFICER DEFENSE

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

001
Category/ Type

Candidate Name

Office Sought: <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:	

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period

1528.39

Memo Item BUSINESS TO BUSINESS ACH 29
899000003657861 POLICE
OFFICER DEFENSE

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

001
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:	

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period

55.02

Memo Item BUSINESS TO BUSINESS ACH 02
899000003657861 POLICE
OFFICER DEFENSE

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32142

Amount of Each Disbursement this Period: 24.00

FEE

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32146

Amount of Each Disbursement this Period: 60.00

RETN UNPAID - PAPER 191206

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 35.02

BUSINESS TO BUSINESS ACH 05
899000003657861 POLICE OFFICER DEFENSE

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32145 Amount of Each Disbursement this Period [] 36.00
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32146 Amount of Each Disbursement this Period [] 115.00
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32145 Amount of Each Disbursement this Period [] 100.02
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	
		BUSINESS TO BUSINESS ACH 06 899000003657861 POLICE OFFICER DEFENSE

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32143

Amount of Each Disbursement this Period: 12.00

Category/Type: 001

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Return Check Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 35.00

Category/Type: 001

RETN UNPAID - PAPER 191210

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B-3215t

Amount of Each Disbursement this Period: 105.06

Category/Type: 001

BUSINESS TO BUSINESS ACH 12
899000003657861 POLICE
OFFICER DEFENSE

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32145
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee		Amount of Each Disbursement this Period [] 36.00
Candidate Name		FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32146
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Return Check Fee		Amount of Each Disbursement this Period [] 80.00
Candidate Name		RETN UNPAID - PAPER 191220
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019
Mailing Address PO Box 6995		FEC Identification Number C [] Transaction ID : SB21B-32151
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Merchant Service Bankcard Fees		Amount of Each Disbursement this Period [] 115.68
Candidate Name		BUSINESS TO BUSINESS ACH 19 899000003657861 POLICE OFFICER DEFENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type 001	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

FEC Identification Number

Transaction ID : SB21B-32150
Amount of Each Disbursement this Period

Memo Item BUSINESS TO BUSINESS ACH 20
899000003657861 POLICE
OFFICER DEFENSE

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

FEC Identification Number

Transaction ID : SB21B-32143
Amount of Each Disbursement this Period

Memo Item FEE

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

FEC Identification Number

Transaction ID : SB21B-32144
Amount of Each Disbursement this Period

Memo Item RETN UNPAID - PAPER 191227

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement: Merchant Service Bankcard Fees

Category/Type: **001**

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-32150
Amount of Each Disbursement this Period

[REDACTED] 145.07

Memo Item BUSINESS TO BUSINESS ACH 27
899000003657861 POLICE OFFICER DEFENSE

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement: Service Charge

Category/Type: **001**

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 [REDACTED]

Transaction ID : SB21B-32150
Amount of Each Disbursement this Period

[REDACTED] 1380.50
Service Charge

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 0.00

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

[REDACTED] 479003.75

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

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

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
WinRed

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 12 / 2019

FEC Identification Number
C C00694323
Transaction ID : SB22-319136
Amount of Each Disbursement this Period
2800.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2800.00
TOTAL This Period (last page this line number only).....▶	2800.00