

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **8228 Fawn Meadow Ave**  
Check if different than previously reported. (ACC) **LAS VEGAS NV 89149**

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **03** /  **2020** in the State of  **ZZ**

5. Covering Period  **10** /  **01** /  **2020** through  **11** /  **23** /  **2020**

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

Signature of Treasurer POLLOCK, KECIA, MARIE, , [Electronically Filed] Date  **11** /  **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="2020"/>		220908.43
(b) Cash on Hand at Beginning of Reporting Period.....	174704.81	
(c) Total Receipts (from Line 19) .....	487040.50	2748340.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	661745.31	2969248.99
7. Total Disbursements (from Line 31).....	570029.20	2877532.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	91716.11	91716.11
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	6325.00	25590.00
(ii) Unitemized .....	473915.50	2699574.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	480240.50	2725164.79
(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) .....	480240.50	2725164.79
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).....	6800.00	7056.00
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	16119.77
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)).....▶	487040.50	2748340.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	487040.50	2748340.56

**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 .....	558322.20	2596291.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	558322.20	2596291.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9838.73
24. Independent Expenditures (use Schedule E) .....	10000.00	260000.00
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 .....	1707.00	11403.12
(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)).....	1707.00	11403.12
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)) ..	570029.20	2877532.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	570029.20	2877532.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	480240.50	2725164.79
34. Total Contribution Refunds (from Line 28(d)) .....	1707.00	11403.12
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	478533.50	2713761.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	558322.20	2596291.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	6800.00	7056.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	551522.20	2589235.03

: 97 `A-G79 @05 B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XN  
Transaction ID :

As stated in Q3 report TEXT memo: Regarding Schedule Transaction ID "SB21B-371671" on 8/31/2020 for \$2000 : When North Star was depositing his checks, the bank teller wrote a ZERO that looks like a TWO. This caused the bank to remove an extra \$2,000 from PODA's bank account. This was discovered during reconciliation, and we have contacted the bank and gotten the funds returned. \*\*\* These funds have been returned, and reflected on Schedule A-15, transaction ID "SA15-21512211" dated 10/08/2020

Form/Schedule: F3XN  
Transaction ID:

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

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

Form/Schedule: F3XN  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. ABBY STEARNS, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 72 WASHINGTON ST  
 City NEWBURYPORT State MA Zip Code 01950  
 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 11 / 02 / 2020  
**Transaction ID : SA11AI-21515367**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. BENNETT, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6029 SANDHILL RIDGE DR  
 City LITHIA State FL Zip Code 33547  
 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 10 / 26 / 2020  
**Transaction ID : SA11AI-21516779**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. BOND, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 703 SOLANA SHORES DR APT B505  
 City CAPE CANAVERAL State FL Zip Code 32920  
 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 10 / 16 / 2020  
**Transaction ID : SA11AI-21524721**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. BOURQUE, SHARI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1013 SPYGLASS LN  
 City WAXHAW State NC Zip Code 28173  
 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 10 / 13 / 2020  
**Transaction ID : SA11AI-21525855**  
 Amount of Each Receipt this Period 265.00  
 Memo Item

**B. BOZIK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4015 MOUNT ALIFAN WAY  
 City SAN DIEGO State CA Zip Code 92111  
 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 11 / 02 / 2020  
**Transaction ID : SA11AI-21522366**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. COLES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5414 RIVER RUN TRL APT C  
 City FORT WAYNE State IN Zip Code 46825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROFESSOR OF THEOLOGY HISTORY Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2020  
**Transaction ID : SA11AI-21516846**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1015.00  
**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 38
	<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. DELGADO, SAMANTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4015 110TH ST  
 City LUBBOCK State TX Zip Code 79423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) PHYSICAL THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2020  
**Transaction ID : SA11AI-21515166**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. FLORES, WALTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4207 WILLIAMS BLVD  
 City KENNER State LA Zip Code 70065  
 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 11 / 17 / 2020  
**Transaction ID : SA11AI-21521117**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. GILLETTE, JOSEPH P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 2ND AVE  
 City SCRANTON State PA Zip Code 18508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Entrepreneur Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 21 / 2020  
**Transaction ID : SA11AI-21523776**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 38
	<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. HOLDEN, RAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 LAKE VILLAGE DR  
 City ANN ARBOR State MI Zip Code 48103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2020  
**Transaction ID : SA11AI-21515792**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. IRONS, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6425 PHARR MILL RD  
 City HARRISBURG State NC Zip Code 28075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FINANCIAL SERVICES Occupation (for Individual) PROCESS ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2020  
**Transaction ID : SA11AI-21521333**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. JONES, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 156  
 City MILAN State GA Zip Code 31060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REPAIR BUSINESS Occupation (for Individual) REPAIR BUSINESS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2020  
**Transaction ID : SA11AI-21524982**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 38
	<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. LOVE, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 REDLINE RD  
 APT L6  
 City PHILADELPHIA State PA Zip Code 19115  
 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 10 / 09 / 2020  
**Transaction ID : SA11AI-21526629**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. NICHOLSON, JEANNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 440 W MAIN ST  
 City CENTRE State AL Zip Code 35960  
 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 ▼ 515.00

Date of Receipt 11 / 13 / 2020  
**Transaction ID : SA11AI-21521350**  
 Amount of Each Receipt this Period 515.00  
 Memo Item

**C. PHAM, SINH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 174 SATSUMA DR  
 City BURAS State LA Zip Code 70041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 08 / 2020  
**Transaction ID : SA11AI-21526828**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	880.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 38
	<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. PHAM, SINH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 174 SATSUMA DR  
 City BURAS State LA Zip Code 70041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 29 / 2020  
**Transaction ID : SA11AI-21522650**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**B. RICHEY, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7838 ELEMENT AVE  
 City PLANO State TX Zip Code 75024  
 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 10 / 02 / 2020  
**Transaction ID : SA11AI-21527757**  
 Amount of Each Receipt this Period 265.00  
 Memo Item

**C. RUBACK, DARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1609 NEWGATE CT  
 City BUFFALO GROVE State IL Zip Code 60089  
 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 10 / 13 / 2020  
**Transaction ID : SA11AI-21525869**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	630.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 38
	<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. RUTZ, REINHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 ENGLEWOOD AVE

City BARNEGAT	State NJ	Zip Code 08005
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10		09		2020

**Transaction ID : SA11AI-21526425**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 35 LAKE ST

City LINDENHURST	State NY	Zip Code 11757
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10		16		2020

**Transaction ID : SA11AI-21524954**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 6220 E SEA BREEZE DR

City LONG BEACH	State CA	Zip Code 90803
--------------------	-------------	-------------------

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11		04		2020

**Transaction ID : SA11AI-21522135**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. VYBIRAL, DARRELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 996 HI CIR W  
 UNIT B  
 City HORSESHOE BAY State TX Zip Code 78657  
 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 / 10 / 2020  
**Transaction ID : SA11AI-21521530**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**B. WALKER, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1082 SYCAMORE DR  
 City NEWFOUNDLAND State PA Zip Code 18445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2020  
**Transaction ID : SA11AI-21514188**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. WATTLES, EVAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 JACKSON RD  
 City SHERWOOD State MI Zip Code 49089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : SA11AI-21512719**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 38
	<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. WELCH, JEFF, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5916 AUBURN BLVD

City CITRUS HEIGHTS	State CA	Zip Code 95621
------------------------	-------------	-------------------

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
10		19		2020

**Transaction ID : SA11AI-21524262**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 1806 PLAIN VIEW RD

City HENRICO	State VA	Zip Code 23238
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2020

**Transaction ID : SA11AI-21522972**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3620 N MOUNTAIN VIEW DR

City BOISE	State ID	Zip Code 83704
---------------	-------------	-------------------

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
10		16		2020

**Transaction ID : SA11AI-21524920**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	6325.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address PO Box 6995

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2309.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2020

**Transaction ID : SA15-21512211**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Bank error - Deposit Adjustment

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2020

**Transaction ID : SA15-21512210**

Amount of Each Receipt this Period  
2800.00

Memo Item  
Political Contribution Refund

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2020

**Transaction ID : SA15-21512212**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Political Contribution Refund

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5800.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 18 OF 38	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. WinRed**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		13		2020

**Transaction ID : SA15-21512213**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Political Contribution Refund

**B.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	6800.00

**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) <b>A. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2020	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38031</b> Amount of Each Disbursement this Period 6297.50	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38031</b> Amount of Each Disbursement this Period 2025.75	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2020	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38031</b> Amount of Each Disbursement this Period 2729.25	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
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)..... ▶

11052.50

**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**

**A. Pollock, Kecia M., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38031

Amount of Each Disbursement this Period: 2729.25

Memo Item

**B. Amazon**

Full Name (Last, First, Middle Initial)

Mailing Address 440 Terry Avenue North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38026

Amount of Each Disbursement this Period: 56.99

Memo Item

**C. Amazon**

Full Name (Last, First, Middle Initial)

Mailing Address 440 Terry Avenue North

City Seattle State WA Zip Code 98109

Purpose of Disbursement Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38026

Amount of Each Disbursement this Period: 703.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3489.59

**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) <b>A. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38026</b> Amount of Each Disbursement this Period [REDACTED] 33833.12
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>B. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38026</b> Amount of Each Disbursement this Period [REDACTED] 28141.12
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>C. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38026</b> Amount of Each Disbursement this Period [REDACTED] 24515.36
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 86489.60
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Technology Services</b>			Date of Disbursement MM / DD / YYYY 10 / 22 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38027</b> Amount of Each Disbursement this Period [REDACTED] 22947.68	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. American Technology Services</b>			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38027</b> Amount of Each Disbursement this Period [REDACTED] 24383.04	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. American Technology Services</b>			Date of Disbursement MM / DD / YYYY 11 / 05 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38027</b> Amount of Each Disbursement this Period [REDACTED] 17088.96	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 64419.68
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Technology Services</b>			Date of Disbursement MM / DD / YYYY 11 / 13 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38027</b>	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 16602.40	
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) <b>B. American Technology Services</b>			Date of Disbursement MM / DD / YYYY 11 / 20 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38027</b>	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 12738.08	
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>C. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 10 / 02 / 2020	
Mailing Address 808 E Utah Valley Dr			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38027</b>	
City American Fork	State UT	Zip Code 84003	Amount of Each Disbursement this Period 306.69	
Purpose of Disbursement Credit Card Processing		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)..... ▶

29647.17

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

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

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

FOR LINE NUMBER: (check only one)

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

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

**A. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003

Purpose of Disbursement Credit Card Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38027

Amount of Each Disbursement this Period: 478.89

Memo Item

**B. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003

Purpose of Disbursement Combined off the top credit card processing fees for reporting timeframe

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38517

Amount of Each Disbursement this Period: 6274.49

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38027

Amount of Each Disbursement this Period: 48021.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 54774.58

**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) <b>A. Compliance Consultants</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 08 / 2020	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-38027</b> Amount of Each Disbursement this Period [ ] 39942.35	
City Marietta	State GA	Zip Code 30060	Category/ Type [ 001 ]
Purpose of Disbursement Credit Card Pmt Processing and		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:	Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>		
Mailing Address 270 Cobb Pky S		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 15 / 2020	
City Marietta		State GA	
Zip Code 30060		FEC Identification Number C [ ] <b>Transaction ID : SB21B-38027</b> Amount of Each Disbursement this Period [ ] 34796.26	
Purpose of Disbursement Credit Card Pmt Processing and		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Memo Item <input type="checkbox"/>	
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>			
Mailing Address 270 Cobb Pky S		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 22 / 2020	
City Marietta		State GA	
Zip Code 30060		FEC Identification Number C [ ] <b>Transaction ID : SB21B-38027</b> Amount of Each Disbursement this Period [ ] 32570.91	
Purpose of Disbursement Credit Card Pmt Processing and		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Memo Item <input type="checkbox"/>	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 107309.52	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38028

Amount of Each Disbursement this Period: 34608.22

Memo Item

**B. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38028

Amount of Each Disbursement this Period: 24255.42

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38028

Amount of Each Disbursement this Period: 23564.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 82428.22

**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) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2020	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-38028</b> Amount of Each Disbursement this Period [ ] 18079.89	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Pmt Processing and		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item
Full Name (Last, First, Middle Initial) <b>B. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address PO BOX 53262		FEC Identification Number C [ ] <b>Transaction ID : SB21B-38028</b> Amount of Each Disbursement this Period [ ] 7.60	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item
Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address PO BOX 53262		FEC Identification Number C [ ] <b>Transaction ID : SB21B-38028</b> Amount of Each Disbursement this Period [ ] 7.62	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 18095.11	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38028

Amount of Each Disbursement this Period: 349.75

Memo Item

**B. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38028

Amount of Each Disbursement this Period: 173.92

Memo Item

**C. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38028

Amount of Each Disbursement this Period: 6.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 530.15

**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 PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38029

Amount of Each Disbursement this Period: 6.48

Memo Item

**B. PACSmart Filing Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Road Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement FEC Compliance Reporting  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38029

Amount of Each Disbursement this Period: 1611.25

Memo Item

**C. Peppermill Reno**

Full Name (Last, First, Middle Initial)

Mailing Address 2707 South Virginia Street

City Reno State NV Zip Code 89502

Purpose of Disbursement Travel and Meetings  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38029

Amount of Each Disbursement this Period: 201.11

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1818.84

**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) <b>A. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38029</b> Amount of Each Disbursement this Period 13614.90
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:		

Full Name (Last, First, Middle Initial) <b>B. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38029</b> Amount of Each Disbursement this Period 11859.90
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:		

Full Name (Last, First, Middle Initial) <b>C. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38029</b> Amount of Each Disbursement this Period 11103.30
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	36578.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38030</b> Amount of Each Disbursement this Period [REDACTED] 11797.50	
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) <b>B. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38030</b> Amount of Each Disbursement this Period [REDACTED] 8268.00	
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>C. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-38030</b> Amount of Each Disbursement this Period [REDACTED] 8034.00	
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:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 28099.50	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[REDACTED]	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**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-38030**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. United States Department of the Treasury**

Mailing Address 1500 Pennsylvania Ave.  
N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement  
Taxes

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-38030**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. United States Department of the Treasury**

Mailing Address 1500 Pennsylvania Ave.  
N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement  
Taxes

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-38030**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. United States Department of the Treasury**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2020			

Mailing Address 1500 Pennsylvania Ave.  
N.W.

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B-38030**  
Amount of Each Disbursement this Period

[ ] 1038.50

Memo Item

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes Category/Type 001

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

Mailing Address PO Box 6995

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B-38036**  
Amount of Each Disbursement this Period

[ ] 10.00

Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2020			

Mailing Address PO Box 6995

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B-38036**  
Amount of Each Disbursement this Period

[ ] 1360.62

Memo Item

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:

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

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

[ ] 2409.12

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38036

Amount of Each Disbursement this Period: 15.02

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38036

Amount of Each Disbursement this Period: 90.04

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 Returned item Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B-38044

Amount of Each Disbursement this Period: 20.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 125.08

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

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

Date of Disbursement: 10 / 13 / 2020

FEC Identification Number: C Transaction ID : SB21B-38037 Amount of Each Disbursement this Period: 851.07

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: 001

Candidate Name

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

Date of Disbursement: 10 / 15 / 2020

FEC Identification Number: C Transaction ID : SB21B-38037 Amount of Each Disbursement this Period: 100.02

Memo Item

Full Name (Last, First, Middle Initial)

### C. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement: Returned item Fee

Category/Type: 001

Candidate Name

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

Date of Disbursement: 10 / 20 / 2020

FEC Identification Number: C Transaction ID : SB21B-38037 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).....

971.11

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Merchant Service Bankcard Fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-38037**  
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-38037**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Merchant Service Bankcard Fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-38037**  
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee: North Star Multimedia
Mailing Address: 9360 W. Flamingo #110-226
City: Las Vegas, State: NV, Zip Code: 89147
Purpose of Expenditure: Direct Mailer, Category/Type: 004
Date of Public Distribution/Dissemination: 10/30/2020
Amount: 10000.00
Transaction ID: SE-S155711
Date of Disbursement or Obligation: 10/19/2020

Name of Federal Candidate: HORSFORD, STEVEN, ALEXZANDER,
Support: [ ], Oppose: [x]
Office Sought: House [x], Senate [ ], President [ ]
District: 04, State: NV
Calendar Year-To-Date Per Election for Office Sought: 30000.00
Disbursement For: Primary [ ], General [x], Other [ ]

Full Name of Payee
Mailing Address
City, State, Zip Code
Purpose of Expenditure, Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

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

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 10000.00

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

POLLOCK, KECIA, MARIE, [Electronically Filed]
Signature Date: 10/19/2020