

**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

Volunteer Firefighter & Paramedic Association PAC

ADDRESS (number and street)

712 H St. N.E. Suite 1178

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00674267

3. IS THIS
REPORTNEW
(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

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

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2020

through

M M M / D D D / Y Y Y Y Y Y
06 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

PULCIANI, FRANK, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PULCIANI, FRANK, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 15 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.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Volunteer Firefighter & Paramedic Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2020

To:

M M	/	D D	/	Y Y Y Y
06		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date												
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2020</td></tr></table>	Y	Y	Y	Y	2020					<table><tr><td colspan="4">6547.59</td></tr></table>	6547.59			
Y	Y	Y	Y											
2020														
6547.59														
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="4">8578.59</td></tr></table>	8578.59												
8578.59														
(c) Total Receipts (from Line 19)	<table><tr><td colspan="4">23855.00</td></tr></table>	23855.00				<table><tr><td colspan="4">35006.00</td></tr></table>	35006.00							
23855.00														
35006.00														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="4">32433.59</td></tr></table>	32433.59				<table><tr><td colspan="4">41553.59</td></tr></table>	41553.59							
32433.59														
41553.59														
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="4">22244.00</td></tr></table>	22244.00				<table><tr><td colspan="4">31364.00</td></tr></table>	31364.00							
22244.00														
31364.00														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="4">10189.59</td></tr></table>	10189.59				<table><tr><td colspan="4">10189.59</td></tr></table>	10189.59							
10189.59														
10189.59														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Volunteer Firefighter & Paramedic Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2020

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2020

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).....

22455.00

33206.00

(ii) Unitemized

1400.00

1800.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

23855.00

35006.00

(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)

23855.00

35006.00

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))

23855.00

35006.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

23855.00

35006.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	22244.00	31364.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	22244.00	31364.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22244.00	31364.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22244.00	31364.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23855.00	35006.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23855.00	35006.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	22244.00	31364.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	22244.00	31364.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

Our PAC makes its best efforts to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitation contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. ACE OVERHEAD DOOR INC

Mailing Address 20W480 CAMDER DR

City
DOWNERS GROVE

State
IL

Zip Code
60516

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2020

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period

425.00

☐ Memo Item

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

B. ahmed, syed, , ,

Mailing Address 1703 yosko dr

City
edison

State
NJ

Zip Code
08817

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2020

Transaction ID : SA11AI.4827

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. alvarez, joanna, , ,

Mailing Address 101 london ct

City
bridgeport

State
WV

Zip Code
26330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts

Occupation (for Individual)
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2020

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1675.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. AMERICAN STANDARD CIRCUITS INC

Mailing Address 475 INDUSTRIAL DR

City
WEST CHICAGO

State
IL

Zip Code
60185

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2020

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. AMERICAN STANDARD CIRCUITS INC

Mailing Address 475 INDUSTRIAL DR

City
WEST CHICAGO

State
IL

Zip Code
60185

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. andress, nancy, , ,

Mailing Address 95-336 kalopau street apt 161

City
mililani

State
HI

Zip Code
96789

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2020

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. appel, norma, , ,

Mailing Address po box 5

City
gillete

State
WY

Zip Code
82717

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2020

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. berkey, daniel, , ,

Mailing Address 15 dunham lane

City
mt holly

State
NJ

Zip Code
08060

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2020

Transaction ID : SA11AI.4843

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. capitanelli, john, , ,

Mailing Address 32 bromley ct

City
montville

State
NJ

Zip Code
07045

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2020

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1800.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. chacon, petra, , ,

Mailing Address 28749 live oak canyon rd

City
redlandsState
CAZip Code
92373FEC 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2020

Transaction ID : SA11AI.4821

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. CITIZENS STATE BANK

Mailing Address 102 West Main Street

City
LENAState
ILZip Code
60148FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. darocha, mario, , ,

Mailing Address 1700 bloomsburry ave

City
oceanState
NJZip Code
07711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2020

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1750.00

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 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. david, james, , ,

Mailing Address 10 baybury ct

City
east hanover

State
NJ

Zip Code
07930

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2020

Transaction ID : SA11AI.4828

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. EAGLE DISPOSAL INC

Mailing Address 21107 OMEGA CIRCLE

City

FRANKSVILLE

State

WI

Zip Code

53126

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. flemer, alison, , ,

Mailing Address 700 hollinshead spring rd

City

skillman

State

NJ

Zip Code

08558

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2100.00

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 12 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. fox, camille, , ,

Mailing Address 3500 galt ocean dr apt 210

City
ft lauderdale

State
FL

Zip Code
33308

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 / D D / Y Y Y Y Y Y
06 / 02 / 2020

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. FREEDOM AUTOMOTIVE LLC

Mailing Address 400 NE Frontage Rd

City

Shorewood

State

IL

Zip Code

60404

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2020

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. JOE COTTON FORD

Mailing Address 175 W NORTH

City

CAROL STREAM

State

IL

Zip Code

60188

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2020

Transaction ID : SA11AI.4853

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1100.00

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)

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. JPM HOSPITALITY GROUP LLC

Mailing Address 2 CHRISTOPHER COLUMBUS CAUSEWAY

City
RACINE

State
WI

Zip Code
53403

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 ▼

300.00

Date of Receipt

06 / 19 / 2020

Transaction ID : SA11AI.4862

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. KARWEIK INSURANCE GROUP LLC

Mailing Address 202 E MAIN ST

City

WATERFORD

State

WI

Zip Code

53185

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 ▼

350.00

Date of Receipt

06 / 12 / 2020

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. KOLAR ARMS INC

Mailing Address 1925 ROOSEVELT AVE

City

RACINE

State

WI

Zip Code

53406

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 ▼

500.00

Date of Receipt

06 / 19 / 2020

Transaction ID : SA11AI.4865

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1150.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. LARA, HECTOR, , ,

Mailing Address 6242 SUWANEE DAM RD

City
BUFORD

State
GA

Zip Code
30518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LARA'S CLEANING SERVICE

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2020

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. LYNCH TRUCK CENTER

Mailing Address 2900 SHARON LANE

City

WATERFORD

State

WI

Zip Code

53185

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. MAN'S BEST FRIEND PET RESORT

Mailing Address 329 S MULLEN RD

City

BELTON

State

MO

Zip Code

60412

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2020

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. marshall, chris, , ,

Mailing Address 825 bridgeton pike

City
sewell

State
NJ

Zip Code
08080

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2020

Transaction ID : SA11AI.4838

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

B. martin, tiffany, , ,

Mailing Address 48 elm st

City
montclair

State
NJ

Zip Code
07042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2020

Transaction ID : SA11AI.4823

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. mcculloch, karen, , ,

Mailing Address 72 central ave

City
east brunswick

State
NJ

Zip Code
08816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2020

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1365.00

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

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

FOR LINE NUMBER: PAGE 16 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. millspaugh, edward, , ,

Mailing Address 60 upper suncook lane

City
center barnstead

State
NH

Zip Code
03225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2020

Transaction ID : SA11AI.4842

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. moore, john, , ,

Mailing Address 345 maple ave

City
marlton

State
NJ

Zip Code
08053

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2020

Transaction ID : SA11AI.4829

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. petrocelli, kyle, , ,

Mailing Address 157 n prospect ave

City
bergenfield

State
NJ

Zip Code
07621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2020

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

3050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Volunteer Firefighter & Paramedic Association PAC

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

A. RACINE HYUNDAI

Mailing Address 680 MARYLAND AVE

City
MT PLEASANTState
WIZip Code
53177FEC 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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	0

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. RACINE TOYOTA SCION

Mailing Address 13350 KILBOURN DR

City
MOUNT PLEASANTState
WIZip Code
53406FEC 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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	2	0

Transaction ID : SA11AI.4863

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. REDME & SONS RECYCLING INC

Mailing Address 680 MARYLAND AVE

City
BURLINGTONState
WIZip Code
53105FEC 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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	0

Transaction ID : SA11AI.4856

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. ROACH, GREGORY, , ,

Mailing Address 3039 LAURENCE KIRK RD

City
MEMPHIS

State
TN

Zip Code
38128

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

M M / D D / Y Y Y Y Y Y
05 / 20 / 2020

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. romberger, wesley, , ,

Mailing Address 541 east barnegat dr

City
bayville

State
NJ

Zip Code
08721

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2020

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. ROSING, WAYNE, , ,

Mailing Address 3463 STATE STREET APT 255

City
SANTA BARBARA

State
CA

Zip Code
93105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2020

Transaction ID : SA11AI.4837

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1265.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. sliwinski, marta, , ,

Mailing Address 203 bremond street

City
belleville

State
NJ

Zip Code
07109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2020

Transaction ID : SA11AI.4840

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. SMITH, JODY, , ,

Mailing Address 2301 MUSTANG DRIVE STE 100

City
GRAPEVINE

State
TX

Zip Code
76051

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2020

Transaction ID : SA11AI.4834

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. stochlia, stacey, , ,

Mailing Address 17912 crimson crest drive

City
rowland heights

State
CA

Zip Code
91748

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2020

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

3100.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. vargas, richard, , ,

Mailing Address 145 kansas st

City
hackensack

State
NJ

Zip Code
07601

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 / D D / Y Y Y Y Y Y
06 / 12 / 2020

Transaction ID : SA11AI.4845

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. ZARATE'S AUTO SALES INC

Mailing Address 355 27TH ST

City
CALEDONIA

State
WI

Zip Code
53108

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2020

Transaction ID : SA11AI.4858

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

500.00

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

22455.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 24

<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)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. Charitable Services LLC

Mailing Address 5013 Reeder Street

City
INDIANAPOLISState
INZip Code
46203Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2020

FEC Identification Number

C

Transaction ID : SB21B.4869

Amount of Each Disbursement this Period

320.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charitable Services LLC

Mailing Address 5013 Reeder Street

City
INDIANAPOLISState
INZip Code
46203Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2020

FEC Identification Number

C

Transaction ID : SB21B.4870

Amount of Each Disbursement this Period

520.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Charitable Services LLC

Mailing Address 5013 Reeder Street

City
INDIANAPOLISState
INZip Code
46203Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2020

FEC Identification Number

C

Transaction ID : SB21B.4871

Amount of Each Disbursement this Period

616.00

☐ Memo Item

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

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

1456.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. Charitable Services LLC

Mailing Address 5013 Reeder Street

City
INDIANAPOLISState
INZip Code
46203Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.4872**

Amount of Each Disbursement this Period

696.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charitable Services LLC

Mailing Address 5013 Reeder Street

City
INDIANAPOLISState
INZip Code
46203Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.4873**

Amount of Each Disbursement this Period

1516.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.4877**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3212.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2020

FEC Identification Number

C

Transaction ID : SB21B.4878

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2020

FEC Identification Number

C

Transaction ID : SB21B.4879

Amount of Each Disbursement this Period

1400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2020

FEC Identification Number

C

Transaction ID : SB21B.4874

Amount of Each Disbursement this Period

4725.00

☐ Memo Item

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

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

8125.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

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	Y
0	5			3	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.4875**

Amount of Each Disbursement this Period

4725.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

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	Y
0	6			3	0			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.4876**

Amount of Each Disbursement this Period

4726.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	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).....▶

9451.00

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

22244.00