

# 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**  
**UNITED POLICE OFFICERS ASSOCIATION**

ADDRESS (number and street) **8120 FENTON ST**  
**STE 202**  
 Check if different than previously reported. (ACC) **SILVER SPRING MD 20910**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00664938** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2020 through  /  /  2020

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

Signature of Treasurer **Bass, Zachary, , ,** [Electronically Filed] Date  /  /  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

**UNITED POLICE OFFICERS ASSOCIATION**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="9174.97"/>	<input type="text" value="9174.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9174.97"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="76789.17"/>	<input type="text" value="76789.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="85964.14"/>	<input type="text" value="85964.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="82809.25"/>	<input type="text" value="82809.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3154.89"/>	<input type="text" value="3154.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

UNITED POLICE OFFICERS ASSOCIATION

Report Covering the Period: From: 01 / 01 / 2020 To: 02 / 21 / 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).....	0.00	0.00
(ii) Unitemized .....	76789.17	76789.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	76789.17	76789.17
(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) .....	76789.17	76789.17
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)).....▶	76789.17	76789.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	76789.17	76789.17

**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 .....	82809.25	82809.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	82809.25	82809.25
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)) ..	82809.25	82809.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82809.25	82809.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	76789.17	76789.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76789.17	76789.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	82809.25	82809.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	82809.25	82809.25

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XT  
Transaction ID :

American Coalition for Injured Veterans has terminated its ongoing operations and will no longer be engaged in political activity. It will retain the remaining cash on hand as a contingent reserve against any potential administrative requirements. Upon resolving any contingent liabilities, all remaining funds will be donated to a 501(c)(3) organization. For reporting purposes we have used the term "Donor Outreach" on our Schedule B supporting line 21(b). We have contracted multiple companies to provide "Donor Outreach" services for us. "DonorOutreach" services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition There were no individuals who contributed more than \$200 this calendar year.

Form/Schedule:  
Transaction ID:

**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)  
**UNITED POLICE OFFICERS ASSOCIATION**

Full Name (Last, First, Middle Initial) <b>A. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2020	
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6145</b> Amount of Each Disbursement this Period [ ] 22610.12	
City Greenwood	State IN	Zip Code 46142	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ACTION COMMITTEE MARKETING, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020	
Mailing Address 698 Oldfield Commons Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6150</b> Amount of Each Disbursement this Period [ ] 2763.29	
City Greenwood	State IN	Zip Code 46142	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GSI, INC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2020	
Mailing Address 6655 Chicago Road, Suite A		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6146</b> Amount of Each Disbursement this Period [ ] 637.74	
City Warren	State MI	Zip Code 48092	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 26011.15
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. GSI, INC**

Date of Disbursement: MM / DD / YYYY  
02 / 18 / 2020

Mailing Address 6655 Chicago Road, Suite A

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.6151  
Amount of Each Disbursement this Period: 201.30

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MARKET PROCESS GROUP**

Date of Disbursement: MM / DD / YYYY  
01 / 31 / 2020

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.6149  
Amount of Each Disbursement this Period: 18342.14

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MARKET PROCESS GROUP**

Date of Disbursement: MM / DD / YYYY  
02 / 18 / 2020

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.6154  
Amount of Each Disbursement this Period: 4464.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 23008.04

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City Vero Beach State FL Zip Code 32960

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.6147**  
 Amount of Each Disbursement this Period  
 941.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Level Productions Inc**

Mailing Address 1717 20th Street, Suite 101

City Vero Beach State FL Zip Code 32960

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.6152**  
 Amount of Each Disbursement this Period  
 240.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. POLITICAL MARKETING SERVICES, LLC**

Mailing Address 1621 Central Avenue

City Cheyenne State WY Zip Code 35244

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.6148**  
 Amount of Each Disbursement this Period  
 16342.72

Memo Item

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

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

17523.97

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. POLITICAL MARKETING SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020	
Mailing Address 1621 Central Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6153</b> Amount of Each Disbursement this Period [ ] 2567.09	
City Cheyenne	State WY	Zip Code 35244	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2020	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6155</b> Amount of Each Disbursement this Period [ ] 3000.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2020	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6156</b> Amount of Each Disbursement this Period [ ] 4200.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[ ] 9767.09

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2020	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6157</b> Amount of Each Disbursement this Period [ ] 2000.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2020	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6158</b> Amount of Each Disbursement this Period [ ] 2000.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2020	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6159</b> Amount of Each Disbursement this Period [ ] 800.00	
City Tampa	State FL	Zip Code 33637	Category/ Type [ ]
Purpose of Disbursement Media Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. TAMPA MEDIA MARKETING INC</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2020
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C
City Tampa	State FL	Zip Code 33637
Purpose of Disbursement Media Consulting		Transaction ID : <b>SB21B.6161</b>
Candidate Name		Amount of Each Disbursement this Period 1650.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	82760.25