

# 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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> 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:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> 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.

Pollock, Kecia, Marie, ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Pollock, Kecia, Marie, , [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.

**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"/>	<input type="text" value="220908.43"/>	<input type="text" value="220908.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="200094.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="847028.47"/>	<input type="text" value="1610255.11"/>
(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="1047122.84"/>	<input type="text" value="1831163.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="767867.66"/>	<input type="text" value="1551908.36"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="279255.18"/>	<input type="text" value="279255.18"/>
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

**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).....	5185.00	10055
(ii) Unitemized .....	841843.47	1600200.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	847028.47	1610255.11
(b) Political Party Committees .....	0.00	0
(c) Other Political Committees (such as PACs).....	0.00	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	847028.47	1610255.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0
13. All Loans Received .....	0.00	0
14. Loan Repayments Received.....	0.00	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0
(b) Levin Funds (from Schedule H5) .....	0.00	0
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	847028.47	1610255.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	847028.47	1610255.11

**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
(ii) Non-Federal Share.....	0.00	0
(b) Other Federal Operating Expenditures .....	763972.54	1543943.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	763972.54	1543943.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0
24. Independent Expenditures (use Schedule E) .....	0.00	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0
26. Loan Repayments Made.....	0.00	0
27. Loans Made.....	0.00	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3895.12	7965.12
(b) Political Party Committees .....	0.00	0
(c) Other Political Committees (such as PACs).....	0.00	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	3895.12	7965.12
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0
(ii) "Levin" Share.....	0.00	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	767867.66	1551908.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	767867.66	1551908.36

**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) .....	847028.47	1610255.11
34. Total Contribution Refunds (from Line 28(d)) .....	3895.12	7965.12
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	843133.35	1602289.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	763972.54	1543943.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	763972.54	1543943.24

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

BEST EFFORTS PRACTICES - C00667865 1. 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 7 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. BARKER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 HELENS MANOR DR  
 City LAWRENCEVILLE State GA Zip Code 30045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unemployed Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 21 / 2020**  
**Transaction ID : SA11AI-19139946**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. BENNETT, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 798 QUEEN RD  
 City BROKEN BOW State OK Zip Code 74728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **06 / 10 / 2020**  
**Transaction ID : SA11AI-19126143**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

**C. BITZEL, ED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 W 6TH ST  
 City DENTON State TX Zip Code 76208  
 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 **05 / 05 / 2020**  
**Transaction ID : SA11AI-19134096**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
<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. BRITO, IGNACIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5310 S SAWYER AVE  
 UNIT 1  
 City CHICAGO State IL Zip Code 60632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUSINESS OWNER Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 10 / 2020  
**Transaction ID : SA11AI-19126147**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. BUZBY, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4150 INDIAN RIVER BLVD  
 APT 244  
 City VERO BEACH State FL Zip Code 32967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2020  
**Transaction ID : SA11AI-19138652**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. FERGUSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4953 MOUNT ROYAL RD  
 City SAINT LOUIS State MO Zip Code 63128  
 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 ▼ 1000.00

Date of Receipt 04 / 21 / 2020  
**Transaction ID : SA11AI-19140078**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1410.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
<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. FIORAVANTI, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 W 90TH ST N  
 City WAGONER State OK Zip Code 74467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIORAVANTI BISON RANCH LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2020  
**Transaction ID : SA11AI-19139188**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. FOGLEMAN, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1543 FLORA AVE  
 City BURLINGTON State NC Zip Code 27217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unemployed Occupation (for Individual) unemployed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2020  
**Transaction ID : SA11AI-19138328**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. HELLEM, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1303 22ND AVE S  
 City MOORHEAD State MN Zip Code 56560  
 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 ▼ 475.00

Date of Receipt 05 / 01 / 2020  
**Transaction ID : SA11AI-19136209**  
 Amount of Each Receipt this Period 265.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<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. HERRMANN II, WILLIAM G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601 W RANDOL MILL RD  
 APT D220

City ARLINGTON State TX Zip Code 76012

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

Name of Employer (for Individual) OAKRIDGE ENTERPRISES INC Occupation (for Individual) Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 04 / 23 / 2020  
**Transaction ID : SA11AI-19138974**

Amount of Each Receipt this Period 215.00

Memo Item

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

Mailing Address 994  
 STEWART LAKE RD

City KENT State OH Zip Code 44240

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2020  
**Transaction ID : SA11AI-19140142**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address NO ADDRESS

City ARLINGTON State SD Zip Code 57212

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

Name of Employer (for Individual) self employed Occupation (for Individual) Retired Farmer

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 01 / 2020  
**Transaction ID : SA11AI-19136231**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.00

**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 43
	<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. PETIT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2378 SAINT DAVIDS SQ NW  
 City KENNESAW State GA Zip Code 30152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) UNAVAILABLE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 14 / 2020  
**Transaction ID : SA11AI-19128718**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

**B. SCUDERI, ELSIE P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 COSTELLOS DR  
 City LAKE LUZERNE State NY Zip Code 12846  
 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 06 / 08 / 2020  
**Transaction ID : SA11AI-19116065**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. SPINKS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 925 CENTRE RD  
 City WILMINGTON State DE Zip Code 19807  
 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 05 / 20 / 2020  
**Transaction ID : SA11AI-19127792**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1260.00
<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 12 OF 43
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Mailing Address 6 S DUPONT HWY

City DOVER	State DE	Zip Code 19901
---------------	-------------	-------------------

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
06		22		2020

Transaction ID : SA11AI-19114381

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	5185.00

**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 04 / 09 / 2020	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35231</b> Amount of Each Disbursement this Period 1677.00	
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 04 / 23 / 2020	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35231</b> Amount of Each Disbursement this Period 2078.75	
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 05 / 07 / 2020	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35231</b> Amount of Each Disbursement this Period 2480.50	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6236.25
<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. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020	
Mailing Address 4712 El Presidente Dr			
City Las Vegas	State NV	Zip Code 89129	
Purpose of Disbursement Payroll		<input type="text" value="001"/> Category/ Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-35231</b> Amount of Each Disbursement this Period <input type="text" value="4294.25"/>	
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. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2020	
Mailing Address 4712 El Presidente Dr			
City Las Vegas	State NV	Zip Code 89129	
Purpose of Disbursement Payroll		<input type="text" value="001"/> Category/ Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-35231</b> Amount of Each Disbursement this Period <input type="text" value="3590.75"/>	
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. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020	
Mailing Address 4712 El Presidente Dr			
City Las Vegas	State NV	Zip Code 89129	
Purpose of Disbursement Payroll		<input type="text" value="001"/> Category/ Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-35231</b> Amount of Each Disbursement this Period <input type="text" value="3590.75"/>	
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).....▶	<input type="text" value="11475.75"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 Incorporators LTD</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2020
Mailing Address 1013 Centre Road Suite 403-A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period [REDACTED] 479.00
City Wilmington	State DE	Zip Code 19805-1270
Purpose of Disbursement Business Registration Fees		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 04 / 02 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period [REDACTED] 5987.84
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period [REDACTED] 2661.92
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] 9128.76
<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 04 / 15 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [ ] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period 5532.80
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [ ] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period 5533.92
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [ ] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period 20302.40
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	31369.12
<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. American Technology Services</b>			Date of Disbursement MM / DD / YYYY 05 / 07 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [ ] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period [ ] 27691.36	
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 05 / 14 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [ ] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period [ ] 58040.80	
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 05 / 21 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [ ] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period [ ] 49762.56	
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).....▶	[ ] 135494.72
<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. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35220</b> Amount of Each Disbursement this Period 29702.72
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35221</b> Amount of Each Disbursement this Period 11649.28
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35221</b> Amount of Each Disbursement this Period 10329.60
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

51681.60

**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 06 / 29 / 2020	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35221</b> Amount of Each Disbursement this Period 8999.04	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing			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. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 04 / 02 / 2020	
Mailing Address 808 E Utah Valley Dr			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35221</b> Amount of Each Disbursement this Period 216.18	
City American Fork	State UT	Zip Code 84003	Category/Type 001	
Purpose of Disbursement Credit Card Processing			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 05 / 04 / 2020	
Mailing Address 808 E Utah Valley Dr			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35221</b> Amount of Each Disbursement this Period 320.62	
City American Fork	State UT	Zip Code 84003	Category/Type 001	
Purpose of Disbursement Credit Card Processing			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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9535.84
<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)

**A. Authorize.net**

Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Processing

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-35221**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. C Terry Raben LTD**

Mailing Address 3140 S. Rainbow Blvd Suite# 403

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement  
Accounting Fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-35221**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. C Terry Raben LTD**

Mailing Address 3140 S. Rainbow Blvd Suite# 403

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement  
Accounting Fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-35221**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

**A. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35221

Amount of Each Disbursement this Period: 8498.76

Memo Item

**B. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 08 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35222

Amount of Each Disbursement this Period: 3778.04

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35223

Amount of Each Disbursement this Period: 7853.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20129.92

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 23 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35222

Amount of Each Disbursement this Period: 6307.21

Memo Item

**B. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35222

Amount of Each Disbursement this Period: 28816.26

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 07 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35222

Amount of Each Disbursement this Period: 39303.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 74427.21

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

### A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Pmt Processing and Verification

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 14 / 2020

FEC Identification Number  
C  
Transaction ID : SB21B-35222  
Amount of Each Disbursement this Period  
82380.53

Memo Item

### B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Pmt Processing and Verification

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 21 / 2020

FEC Identification Number  
C  
Transaction ID : SB21B-35222  
Amount of Each Disbursement this Period  
70630.60

Memo Item

### C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Pmt Processing and Verification

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 28 / 2020

FEC Identification Number  
C  
Transaction ID : SB21B-35222  
Amount of Each Disbursement this Period  
42158.84

Memo Item

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

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

195169.97

**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)  
**POLICE OFFICERS DEFENSE ALLIANCE LLC**

**A. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35222

Amount of Each Disbursement this Period: 16534.47

Memo Item

**B. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 12 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35222

Amount of Each Disbursement this Period: 25866.69

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing and Verification

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35222

Amount of Each Disbursement this Period: 14661.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 57062.74

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Pmt Processing and Verification

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-35223**  
Amount of Each Disbursement this Period  
[ ] 12773.01

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, Telecommunications

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-35223**  
Amount of Each Disbursement this Period  
[ ] 6.08

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, Telecommunications

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-35223**  
Amount of Each Disbursement this Period  
[ ] 30.42

Memo Item

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

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

12809.51
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35223

Amount of Each Disbursement this Period: 693.66

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35223

Amount of Each Disbursement this Period: 2321.25

Memo Item

**C. State of Nevada**

Full Name (Last, First, Middle Initial)

Mailing Address Secretary of State  
101 N Carson Street

City Carson City State NV Zip Code 89701

Purpose of Disbursement Business Registration Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35223

Amount of Each Disbursement this Period: 350.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3364.91

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35224</b> Amount of Each Disbursement this Period 2897.70
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35224</b> Amount of Each Disbursement this Period 1287.00
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2020
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35224</b> Amount of Each Disbursement this Period 2675.40
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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)..... ▶

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

6860.10
[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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2020

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-35224
Amount of Each Disbursement this Period
1901.65

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

### B. Unified Data Services

Date of Disbursement

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

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-35224
Amount of Each Disbursement this Period
9824.10

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

### C. Unified Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2020

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-35224
Amount of Each Disbursement this Period
13396.50

Candidate Name

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

Memo Item

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

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

25122.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35224</b> Amount of Each Disbursement this Period [REDACTED] 28083.90	
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) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>B. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35224</b> Amount of Each Disbursement this Period [REDACTED] 24078.60	
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) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>C. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2020	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-35224</b> Amount of Each Disbursement this Period [REDACTED] 14371.50	
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) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 66534.00	
<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**

**A. Unified Data Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 03 / 2020

FEC Identification Number C

Transaction ID : SB21B-35225

Amount of Each Disbursement this Period 5635.50

Memo Item

**B. Unified Data Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 12 / 2020

FEC Identification Number C

Transaction ID : SB21B-35225

Amount of Each Disbursement this Period 8817.90

Memo Item

**C. Unified Data Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 18 / 2020

FEC Identification Number C

Transaction ID : SB21B-35225

Amount of Each Disbursement this Period 4995.90

Memo Item

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

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

19449.30

**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-35225**  
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-35225**  
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-35225**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. United States Department of the Treasury**

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35225

Amount of Each Disbursement this Period: 612.50

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  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 05 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35225

Amount of Each Disbursement this Period: 749.00

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  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 05 / 27 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35225

Amount of Each Disbursement this Period: 1626.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2988.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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-35225**  
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-35226**  
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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-35231**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35233

Amount of Each Disbursement this Period: 450.27

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 08 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35230

Amount of Each Disbursement this Period: 115.08

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35231

Amount of Each Disbursement this Period: 190.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 755.48

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35232

Amount of Each Disbursement this Period: 12.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35232

Amount of Each Disbursement this Period: 24.00

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35232

Amount of Each Disbursement this Period: 10.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 46.02

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35230

Amount of Each Disbursement this Period: 938.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35227

Amount of Each Disbursement this Period: 12.00

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35231

Amount of Each Disbursement this Period: 2065.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3015.59

**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**

**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 Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 08 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35228

Amount of Each Disbursement this Period: 12.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35228

Amount of Each Disbursement this Period: 24.00

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35228

Amount of Each Disbursement this Period: 12.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 48.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 27 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35228

Amount of Each Disbursement this Period: 24.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 27 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35230

Amount of Each Disbursement this Period: 975.35

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 Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35228

Amount of Each Disbursement this Period: 24.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1023.35

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35228

Amount of Each Disbursement this Period: 72.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35230

Amount of Each Disbursement this Period: 2977.50

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 Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35228

Amount of Each Disbursement this Period: 24.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3073.50

**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. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35231

Amount of Each Disbursement this Period: 3645.47

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 Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35229

Amount of Each Disbursement this Period: 12.00

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35231

Amount of Each Disbursement this Period: 20.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3677.49

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35229

Amount of Each Disbursement this Period: 24.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 12 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35229

Amount of Each Disbursement this Period: 12.00

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35229

Amount of Each Disbursement this Period: 12.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 48.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Deposit Adjustment

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35226

Amount of Each Disbursement this Period: 85.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Cashed / Deposited Item Retn Unpaid Fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35230

Amount of Each Disbursement this Period: 24.00

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Bank Returns and Chargebacks

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35227

Amount of Each Disbursement this Period: 45.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 154.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement Merchant Service Bankcard Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-35231

Amount of Each Disbursement this Period: 1689.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1689.00
<b>TOTAL</b> This Period (last page this line number only).....▶	763857.19