

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Volunteer Firefighter & Paramedic Association PAC

ADDRESS (number and street)

712 H St. N.E. Suite 1178

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00674267

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

PULCIANI, FRANK, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PULCIANI, FRANK, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Volunteer Firefighter & Paramedic Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		5892.61
(b) Cash on Hand at Beginning of Reporting Period.....	5892.61	
(c) Total Receipts (from Line 19)	36112.26	36112.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42004.87	42004.87
7. Total Disbursements (from Line 31).....	38332.28	38332.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3672.59	3672.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Volunteer Firefighter & Paramedic Association PAC

Report Covering the Period:

From:

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

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2019
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).....

19030.00

19030.00

(ii) Unitemized

17082.26

17082.26

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

36112.26

36112.26

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

36112.26

36112.26

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

36112.26

36112.26

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

36112.26

36112.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	38332.28	38332.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38332.28	38332.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38332.28	38332.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38332.28	38332.28

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36112.26	36112.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36112.26	36112.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	38332.28	38332.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	38332.28	38332.28

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: F3XN
Transaction ID :

Our PAC makes its 'best efforts' to obtain, maintain and report the name, address, occupation and employer of each contributor who gives more than \$200 in an election cycle.

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 27

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. AMERICAN LEGION

Mailing Address 406 E 10TH ST

City
SHERIDAN

State
IN

Zip Code
46069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2019

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bandyopadhyay, Saum, , ,

Mailing Address 1097 white cliff drive

City
San Jose

State
CA

Zip Code
95129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BINDUS, RAY, , ,

Mailing Address 152 US HGY 206 SUITE 12

City
HILLSBOROUGH

State
NJ

Zip Code
08844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RBC CABLE TECH

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2019

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

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

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(check only one)

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

Volunteer Firefighter & Paramedic Association PAC

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

A. BLANQUART, GUILLAUME, , ,

Mailing Address 2197 SINGLOA AVE

City
ALTADENA

State
CA

Zip Code
91001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAL TECH

Occupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2019

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. BROTZ, ROMAN, , ,

Mailing Address 1302 RIDGEWOOD LANE

City
SHEBOYGAN

State
WI

Zip Code
53081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2019

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. BRUZZI, JOE, , ,

Mailing Address 55 BERKLEY AVE

City
BELLEVILLE

State
NJ

Zip Code
07109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRUZZI LAWNCARE

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1300.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. CAROLAN, ROSE, , ,

Mailing Address 749 PEQUEST RD

City
OXFORD

State
NJ

Zip Code
07863

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 18 / 2019

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. CAROLAN, ROSE, , ,

Mailing Address 749 PEQUEST RD

City
OXFORD

State
NJ

Zip Code
07863

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2019

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. COHEN, IRVING, , ,

Mailing Address 781 RT 15S

City
LAKE HOPATCONG

State
NJ

Zip Code
07849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ENVIRO-SCIENCES

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2019

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

1865.00

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

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. COPPOLA, SALVATORE, , ,

Mailing Address 649 FERRY ST

City
NEWARK

State
NJ

Zip Code
07105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2019

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. CZYZEWSKI, ROBERT, , ,

Mailing Address 2 LINCOLN HIGHWAY

City
EDISON

State
NJ

Zip Code
08820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDISON NEPHROLOGY CONSULTANTS

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2019

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. DUPEE, JEANNIE, , ,

Mailing Address 49 PENDLETON ROAD

City
FREDERICKSBURG

State
VA

Zip Code
22405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DUPEE PLUMBING

Occupation (for Individual)
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2019

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. EASTERBROOK, LESLIE, , ,

Mailing Address 18375 VENTURA BLVD #519

City
TARZANA

State
CA

Zip Code
91356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2019

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. ESTRADA, ALFREDO, , ,

Mailing Address 553 VALLEY RD

City
ORANGE

State
NJ

Zip Code
07050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2019

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. Gaitler, Kenneth, , ,

Mailing Address po box 928

City
Pell City

State
AL

Zip Code
35125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2019

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

950.00

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

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

FOR LINE NUMBER:
(check only one)

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

Volunteer Firefighter & Paramedic Association PAC

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

A. GENERAL INTERIORS

Mailing Address 2001 W HUNTER VALLEY RD

City
BLOOMINGTON

State
IN

Zip Code
47404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. HOFFOSS, NEAL, , ,

Mailing Address 1216 MICKEL DRIVE

City
DUBOIS

State
WY

Zip Code
82513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2019

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. HOLIDAY INN

Mailing Address 419 S MISSOURI ST

City
INDIANAPOLIS

State
IN

Zip Code
46225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2019

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

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

Volunteer Firefighter & Paramedic Association PAC

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

A. KINGEN INTERSTATE EXPRESS

Mailing Address 2236 E 1000 N

City
PENDLETON

State
IN

Zip Code
46064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2019

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. KIRILEV, RUSLAN, , ,

Mailing Address 777 PATERSON AVE

City
STATEN ISLAND

State
NY

Zip Code
10306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KIRUS RELIABLE, INC

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2019

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. LAMANTIA, RICK, , ,

Mailing Address 433 BERGEN AVE

City
KEARNY

State
NJ

Zip Code
07032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
J SUPOR & SON TRUCKING

Occupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2019

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1615.00

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

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

Volunteer Firefighter & Paramedic Association PAC

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

A. LARA, HECTOR, , ,

Mailing Address 6242 SUWANEE DAM RD

City
BUFORD

State
GA

Zip Code
30518

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2019

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. LARA, HECTOR, , ,

Mailing Address 6242 SUWANEE DAM RD

City
BUFORD

State
GA

Zip Code
30518

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2019

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. LIDLE, KEVIN, , ,

Mailing Address 4324 S BROAD ST

City
YARDVILLE

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2019

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 27

(check only one)

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

Volunteer Firefighter & Paramedic Association PAC

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

A. LOWELL, MONIQUE, , ,

Mailing Address PO BOX 154

City
BROOKSState
CAZip Code
95606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTSOccupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2019

Transaction ID : SA11AI.4281

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. MCLEOD, DON, , ,

Mailing Address 1316 STAGECOACH LANE SE

City
ALBURGUERQUEState
NMZip Code
87123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCLEOD CHILDRENS FOUNDATIONOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2019

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. POULOS, GREG, , ,

Mailing Address 2551 W STATE ROAD 84

City
FORT LAUDERDALEState
FLZip Code
33312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROLLYMARINE SERVICEOccupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2019

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1800.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. RANA, HARIS, , ,

Mailing Address 2 GALLIGEN DR

City
HILLSBOROUGH

State
NJ

Zip Code
08844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2019

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. REORIQUEZ, REINALDO, , ,

Mailing Address 133 KEARNY AVE

City
PERTH AMBOY

State
NJ

Zip Code
08861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2019

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. ROACH, GREGORY, , ,

Mailing Address 3039 LAURENCE KIRK RD

City
MEMPHIS

State
TN

Zip Code
38128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2019

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

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

1400.00

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

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

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. ROBERTS, DORATHY, , ,

Mailing Address 1970 LEMON RANCH ROAD

City

SANTA BARBARA

State

CA

Zip Code

93108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BEST EFFORTS

Occupation (for Individual)

BEST EFFORTS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2019

Transaction ID : SA11AI.4299

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. ROSING, WAYNE, , ,

Mailing Address 3463 STATE STREET APT 255

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2019

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. SCHEINTHAL, JULIE, , ,

Mailing Address 5418 HUISACHE ST

City

HOUSTON

State

TX

Zip Code

77081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NERIUM INTERNATIONAL

Occupation (for Individual)

PARTNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2019

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1300.00

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

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

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

A. SCHULER, BETH, , ,

Mailing Address 1004 PEBBLE BROOK

City
 WASHVILLE

State
 TN

Zip Code
 37221

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 BEST EFFORTS

Occupation (for Individual)
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 09 / 2019

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. SINGH, HAMEP, , ,

Mailing Address 244-46 89TH AVE

City
 BELLEROSE

State
 NY

Zip Code
 11426

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 BEST EFFORTS

Occupation (for Individual)
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 06 / 2019

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. SMITH, JODY, , ,

Mailing Address 2301 MUSTANG DRIVE STE 100

City
 GRAPEVINE

State
 TX

Zip Code
 76051

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 BEST EFFORTS

Occupation (for Individual)
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2019

Transaction ID : SA11AI.4313

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

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

Volunteer Firefighter & Paramedic Association PAC

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

A. SOFORENKO LLC

Mailing Address 9940 COLMAR DR

City
FISHERS

State
IN

Zip Code
46037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. STACHLIA, STACEY, , ,

Mailing Address 17912 CRIMSON CREST DRIVE

City

ROWLAND HEIGHTS

State

CA

Zip Code

91748

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2019

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. WAGNER, LORRAINE, , ,

Mailing Address 5000 BOARDWALK DRIVE APT42

City

FORT COLLINS

State

CO

Zip Code

80525

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

M M / D D / Y Y Y Y Y Y
03 / 25 / 2019

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

900.00

19030.00

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

PAGE 20 OF 27

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Direct Marketing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C**Transaction ID : SB21B.4352**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Direct Marketing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2019

FEC Identification Number

C**Transaction ID : SB21B.4358**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Direct Marketing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2019

FEC Identification Number

C**Transaction ID : SB21B.4356**

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Direct Marketing

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.4361**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Direct Marketing

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.4364**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MEDIA TV PRODUCTIONS

Mailing Address 7345 W. 100TH PLACE STE 105

City
BRIDGEVIEWState
ILZip Code
60455Purpose of Disbursement
Direct Marketing

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	7			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.4366**

Amount of Each Disbursement this Period

300.00

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

1300.00

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

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. OUTLAND MEDIA

Mailing Address 30 N. Gould St, Ste R

City
SheridanState
WYZip Code
82801Purpose of Disbursement
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C**Transaction ID : SB21B.4353**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OUTLAND MEDIA

Mailing Address 30 N. Gould St, Ste R

City
SheridanState
WYZip Code
82801Purpose of Disbursement
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2019

FEC Identification Number

C**Transaction ID : SB21B.4359**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OUTLAND MEDIA

Mailing Address 30 N. Gould St, Ste R

City
SheridanState
WYZip Code
82801Purpose of Disbursement
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2019

FEC Identification Number

C**Transaction ID : SB21B.4357**

Amount of Each Disbursement this Period

500.00

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

1500.00

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

PAGE 23 OF 27

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. OUTLAND MEDIA

Mailing Address 30 N. Gould St, Ste R

City
SheridanState
WYZip Code
82801Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	6					2	0	1

FEC Identification Number

C**Transaction ID : SB21B.4362**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OUTLAND MEDIA

Mailing Address 30 N. Gould St, Ste R

City
SheridanState
WYZip Code
82801Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.4365**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OUTLAND MEDIA

Mailing Address 30 N. Gould St, Ste R

City
SheridanState
WYZip Code
82801Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	7					2	0	1

FEC Identification Number

C**Transaction ID : SB21B.4367**

Amount of Each Disbursement this Period

300.00

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

1300.00

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

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.4344**

Amount of Each Disbursement this Period

 838.52☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.4345**

Amount of Each Disbursement this Period

 278.52☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.4346**

Amount of Each Disbursement this Period

 640.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1757.04

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

PAGE 25 OF 27

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.4347**

Amount of Each Disbursement this Period

 1239.36☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.4348**

Amount of Each Disbursement this Period

 193.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.4349**

Amount of Each Disbursement this Period

 600.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 2032.36

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

PAGE 26 OF 27

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.4350**

Amount of Each Disbursement this Period

1126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.4351**

Amount of Each Disbursement this Period

1740.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.4354**

Amount of Each Disbursement this Period

10941.30

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

13808.22

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

PAGE 27 OF 27

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

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NAME OF COMMITTEE (In Full)

Volunteer Firefighter & Paramedic Association PAC

Full Name (Last, First, Middle Initial)

A. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.4355**

Amount of Each Disbursement this Period

5629.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.4360**

Amount of Each Disbursement this Period

4069.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PUBLIC SAFETY OUTREACH LLC

Mailing Address 1107 S. MANTUA PIKE

City
MANTUAState
NJZip Code
08051Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.4363**

Amount of Each Disbursement this Period

5435.62

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

15134.66

38332.28