

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) **4712 El Presidente Dr**
Check if different than previously reported. (ACC) **LAS VEGAS NV 89129**

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

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

5. Covering Period / / 2019 through / / 2019

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 / / 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="2019"/>		107918.20
(b) Cash on Hand at Beginning of Reporting Period.....	142917.25	
(c) Total Receipts (from Line 19)	784595.16	2407532.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	927512.41	2515450.56
7. Total Disbursements (from Line 31).....	706603.98	2294542.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	220908.43	220908.43
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

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).....	9604.00	24785.00
(ii) Unitemized	774991.16	2382747.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	784595.16	2407532.36
(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)	784595.16	2407532.36
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)).....▶	784595.16	2407532.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	784595.16	2407532.36

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	701863.98	2289802.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	701863.98	2289802.13
22. Transfers to Affiliated/Other Party Committees.....	2800.00	2800.00
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	1940.00	1940.00
(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)).....	1940.00	1940.00
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)) ..	706603.98	2294542.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	706603.98	2294542.13

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)	784595.16	2407532.36
34. Total Contribution Refunds (from Line 28(d))	1940.00	1940.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	782655.16	2405592.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	701863.98	2289802.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	701863.98	2289802.13

**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 6 OF 105
	<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. ALLEN, RUBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2059 CAMELOT DR
 City OKLAHOMA CITY State OK Zip Code 73130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 21 / 2019
Transaction ID : SA11AI-17071364
 Amount of Each Receipt this Period 215.00
 Memo Item

B. BARNA, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2579 NW 19TH ST
 City FORT LAUDERDALE State FL Zip Code 33311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPEEDY CONCRETE CUTTING Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2019
Transaction ID : SA11AI-17057706
 Amount of Each Receipt this Period 150.00
 Memo Item

C. CHAMPION, CAMBELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6250 N CASA BLANCA DR
 City PARADISE VALLEY State AZ Zip Code 85253
 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 12 / 09 / 2019
Transaction ID : SA11AI-17053881
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	515.00
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 7 OF 105
	<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. CLARK, EMMA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1662 PATTERSON RD

City SMITHS GROVE	State KY	Zip Code 42171
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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 ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		16		2019

Transaction ID : SA11AI-17069135

Amount of Each Receipt this Period
165.00

Memo Item

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

Mailing Address 6850 LAURELBROOK DR

City RIVERSIDE	State CA	Zip Code 92506
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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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		27		2019

Transaction ID : SA11AI-17069994

Amount of Each Receipt this Period
165.00

Memo Item

C. CRAWFORD, PATRICIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6850 LAURELBROOK DR

City RIVERSIDE	State CA	Zip Code 92506
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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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		04		2019

Transaction ID : SA11AI-17069794

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
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 8 OF 105
	<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. FERGUSON, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 275 DATE PALM RD
APT 701

City VERO BEACH	State FL	Zip Code 32963
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2019

Transaction ID : SA11AI-17069382

Amount of Each Receipt this Period
600.00

Memo Item

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

Mailing Address 4450 COUNTY ROAD 411

City MCKINNEY	State TX	Zip Code 75071
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2019

Transaction ID : SA11AI-17075037

Amount of Each Receipt this Period
250.00

Memo Item

C. GLICK, BONITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 BOLT RD

City LAKE LURE	State NC	Zip Code 28746
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2019

Transaction ID : SA11AI-17069588

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 9 OF 105
	<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. GONZALEZ, NUNCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 BRIDGE ST
 City SALEM State MA Zip Code 01970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adult Daycare Center Occupation (for Individual) Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2019
Transaction ID : SA11AI-17072096
 Amount of Each Receipt this Period 300.00
 Memo Item

B. GROTE, FREDERICK B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 W ORAIBI DR
 City PHOENIX State AZ Zip Code 85027
 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 ▼ 320.00

Date of Receipt 11 / 27 / 2019
Transaction ID : SA11AI-17072280
 Amount of Each Receipt this Period 200.00
 Memo Item

C. GROTE, FREDERICK B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 W ORAIBI DR
 City PHOENIX State AZ Zip Code 85027
 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 ▼ 320.00

Date of Receipt 12 / 04 / 2019
Transaction ID : SA11AI-17069795
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	620.00
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:	PAGE 10 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. HAMBRICK, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 6TH ST NW
 City HICKORY State NC Zip Code 28601
 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 ▼ 565.00

Date of Receipt 08 / 01 / 2019
Transaction ID : SA11AI-17072675
 Amount of Each Receipt this Period 310.00
 Memo Item

B. HAMBRICK, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 6TH ST NW
 City HICKORY State NC Zip Code 28601
 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 ▼ 565.00

Date of Receipt 12 / 02 / 2019
Transaction ID : SA11AI-17071659
 Amount of Each Receipt this Period 55.00
 Memo Item

C. HAMILTON, JIMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1932 ALLYSON DR
 City TUPELO State MS Zip Code 38804
 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 10 / 02 / 2019
Transaction ID : SA11AI-17068453
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	665.00
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 105
	<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. HAVER, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6332 PUMPKIN RIDGE DR
 UNIT 1
 City WINDSOR State CO Zip Code 80550
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) US Government Occupation (for Individual) Diplomat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 08 / 2019
Transaction ID : SA11AI-17076900
 Amount of Each Receipt this Period 150.00
 Memo Item

B. HENDERSON, VICKY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2780 MOUNTAIN BROOK PKWY
 City MOUNTAIN BRK State AL Zip Code 35223
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2019
Transaction ID : SA11AI-17074686
 Amount of Each Receipt this Period 250.00
 Memo Item

C. HOCKETT, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 SUNNY LN
 City GRANDY State NC Zip Code 27939
 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 12 / 16 / 2019
Transaction ID : SA11AI-17053654
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 12 OF 105
	<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. HOPKINS, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 45

City BASS HARBOR	State ME	Zip Code 04653
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2019

Transaction ID : SA11AI-17068370

Amount of Each Receipt this Period
100.00

Memo Item

B. HUNTER, FOLANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 FINCASTLE LN

City BLUEFIELD	State VA	Zip Code 24605
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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 ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2019

Transaction ID : SA11AI-17070218

Amount of Each Receipt this Period
115.00

Memo Item

C. JACKSON, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3088 LENOX RD NE
 APT 323

City ATLANTA	State GA	Zip Code 30324
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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 ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2019

Transaction ID : SA11AI-17074839

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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 13 OF 105
	<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. JACKSON, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3088 LENOX RD NE
 APT 323
 City ATLANTA State GA Zip Code 30324
 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 ▼ 215.00

Date of Receipt 11 / 08 / 2019
Transaction ID : SA11AI-17064556
 Amount of Each Receipt this Period 110.00
 Memo Item

B. KOHR, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 FAIRWOOD FOREST DR
 City CLEARWATER State FL Zip Code 33759
 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 ▼ 530.00

Date of Receipt 08 / 01 / 2019
Transaction ID : SA11AI-17072669
 Amount of Each Receipt this Period 315.00
 Memo Item

C. LANGSTON, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 TIMBER RIDGE DR
 City BYHALIA State MS Zip Code 38611
 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 ▼ 280.00

Date of Receipt 07 / 15 / 2019
Transaction ID : SA11AI-17061211
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 14 OF 105
	<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. LANGSTON, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 TIMBER RIDGE DR
 City BYHALIA State MS Zip Code 38611
 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 ▼ 280.00

Date of Receipt 09 / 03 / 2019
Transaction ID : SA11AI-17058378
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LENNOX, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 GULF BLVD
 City BELLEAIR BEACH State FL Zip Code 33786
 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 07 / 22 / 2019
Transaction ID : SA11AI-17061175
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LOPEZ, MIGUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 1ST AVE E APT 5N6
 City NEWTON State IA Zip Code 50208
 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 ▼ 400.00

Date of Receipt 10 / 14 / 2019
Transaction ID : SA11AI-17057250
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 15 OF 105
<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. MAHER, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 HYACINTH CIR
 City SEBASTIAN State FL Zip Code 32976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 11 / 2019
Transaction ID : SA11AI-17064216
 Amount of Each Receipt this Period 215.00
 Memo Item

B. MITCHELL, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 7074
 City MACON State GA Zip Code 31209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIBSTAR AUTOMOTIVE GROUP Occupation (for Individual) AUTOMOTIVE TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 12 / 2019
Transaction ID : SA11AI-17069216
 Amount of Each Receipt this Period 115.00
 Memo Item

C. MORSHEDI, VALI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23732 SANDALWOOD ST
 City WEST HILLS State CA Zip Code 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 08 / 19 / 2019
Transaction ID : SA11AI-17071028
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 16 OF 105
	<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. MORSHEDI, VALI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23732 SANDALWOOD ST
 City WEST HILLS State CA Zip Code 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt **12 / 02 / 2019**
Transaction ID : SA11AI-17071577
 Amount of Each Receipt this Period 60.00
 Memo Item

B. PAGE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MAPLE AVE
 City LITTLE COMPTON State RI Zip Code 02837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 02 / 2019**
Transaction ID : SA11AI-17068391
 Amount of Each Receipt this Period 300.00
 Memo Item

C. PALMER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19535 REXHAM CT
 City HILMAR State CA Zip Code 95324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 23 / 2019**
Transaction ID : SA11AI-17066672
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 17 OF 105
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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
PAWLISH, THOMAS A, , ,

Mailing Address 1613 S LAMAR ST

City LAKEWOOD	State CO	Zip Code 80232
------------------	-------------	-------------------

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

Name of Employer (for Individual) EKO SYSTEMS INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2019

Transaction ID : SA11AI-17055144

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PAWLISH, THOMAS A, , ,

Mailing Address 1613 S LAMAR ST

City LAKEWOOD	State CO	Zip Code 80232
------------------	-------------	-------------------

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

Name of Employer (for Individual) EKO SYSTEMS INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2019

Transaction ID : SA11AI-17072959

Amount of Each Receipt this Period
120.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PORTER, WILLIAM, , ,

Mailing Address 5401 SAPPHIRE SPRINGS DR

City KNIGHTDALE	State NC	Zip Code 27545
--------------------	-------------	-------------------

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 ▼
264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2019

Transaction ID : SA11AI-17052266

Amount of Each Receipt this Period
229.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	449.00
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 18 OF 105
	<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. PORTER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 SAPPHIRE SPRINGS DR
 City KNIGHTDALE State NC Zip Code 27545
 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 ▼ 264.00

Date of Receipt 12 / 23 / 2019
Transaction ID : SA11AI-17052764
 Amount of Each Receipt this Period 35.00
 Memo Item

B. QUIROGA, JORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 NW 33RD AVE APT B
 City MIAMI State FL Zip Code 33125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 23 / 2019
Transaction ID : SA11AI-17063692
 Amount of Each Receipt this Period 105.00
 Memo Item

C. QUIROGA, JORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 NW 33RD AVE APT B
 City MIAMI State FL Zip Code 33125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) DRIVER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 30 / 2019
Transaction ID : SA11AI-17063759
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 245.00
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 19 OF 105
	<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. RARNRENY, MAURIRIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 E LAKE ST
 APT 3803
 City CHICAGO State IL Zip Code 60601
 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 11 / 12 / 2019
Transaction ID : SA11AI-17063684
 Amount of Each Receipt this Period 500.00
 Memo Item

B. RULE, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LAMATAN RD
 City NEWARK State DE Zip Code 19711
 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 ▼ 340.00

Date of Receipt 11 / 01 / 2019
Transaction ID : SA11AI-17065692
 Amount of Each Receipt this Period 115.00
 Memo Item

C. RUSHEN, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3450 OLD BRAINARD RD
 City PEPPER PIKE State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 16 / 2019
Transaction ID : SA11AI-17053657
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 765.00
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 20 OF 105
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SCHNITZLER, GARY, , ,

Mailing Address **PO BOX 610**

City KINGSBURG	State CA	Zip Code 93631
--------------------------	--------------------	--------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07		22		2019

Transaction ID : SA11AI-17060765

Amount of Each Receipt this Period

100.00

 Memo Item

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

Mailing Address **PO BOX 610**

City KINGSBURG	State CA	Zip Code 93631
--------------------------	--------------------	--------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08		26		2019

Transaction ID : SA11AI-17058747

Amount of Each Receipt this Period

100.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SOSA, RAMON, , ,

Mailing Address **619 MANVILLE RD**

City WOONSOCKET	State RI	Zip Code 02895
---------------------------	--------------------	--------------------------

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 ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2019

Transaction ID : SA11AI-17071035

Amount of Each Receipt this Period

205.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	405.00
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 21 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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
STOUT, MARY L, , ,

Mailing Address 5267 NW STATE ROUTE FF

City ADRIAN	State MO	Zip Code 64720
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2019

Transaction ID : SA11AI-17074980

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STOUT, MARY L, , ,

Mailing Address 5267 NW STATE ROUTE FF

City ADRIAN	State MO	Zip Code 64720
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2019

Transaction ID : SA11AI-17064707

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VIRANT, DANIEL, , ,

Mailing Address 105 E 58TH ST

City SAVANNAH	State GA	Zip Code 31405
------------------	-------------	-------------------

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 ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019

Transaction ID : SA11AI-17071961

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 22 OF 105
	<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. VIRANT, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E 58TH ST
 City SAVANNAH State GA Zip Code 31405
 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 ▼ 260.00

Date of Receipt **12 / 02 / 2019**
Transaction ID : SA11AI-17071638
 Amount of Each Receipt this Period 55.00
 Memo Item

B. WALLER, KATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1585 WESLEY PKWY NW
 City ATLANTA State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coca Cola Co Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **09 / 17 / 2019**
Transaction ID : SA11AI-17068940
 Amount of Each Receipt this Period 165.00
 Memo Item

C. WARD, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52697 VALLEY VIEW CIR
 City MANKATO State MN Zip Code 56003
 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 ▼ 285.00

Date of Receipt **11 / 11 / 2019**
Transaction ID : SA11AI-17056139
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	470.00
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 23 OF 105
	<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. WESTLUND, JOHN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12001 DESSAU RD
APT 514

City AUSTIN State TX Zip Code 78754

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 ▼
235.00

Date of Receipt
 08 / 12 / 2019
Transaction ID : SA11AI-17071983

Amount of Each Receipt this Period
 60.00

Memo Item

B. WESTLUND, JOHN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12001 DESSAU RD
APT 514

City AUSTIN State TX Zip Code 78754

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 ▼
235.00

Date of Receipt
 12 / 02 / 2019
Transaction ID : SA11AI-17071632

Amount of Each Receipt this Period
 65.00

Memo Item

C. WHITE, LIESL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1337 PARAMOUNT DR

City BERTHOUD State CO Zip Code 80513

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

Name of Employer (for Individual) House Wife Occupation (for Individual) House Wife

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 09 / 03 / 2019
Transaction ID : SA11AI-17058337

Amount of Each Receipt this Period
 150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 24 OF 105
	<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
WHITE, LIESL, , ,

Mailing Address 1337 PARAMOUNT DR

City BERTHOUD	State CO	Zip Code 80513
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2019

Transaction ID : SA11AI-17057694

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHITNEY, STANLEY A, , ,

Mailing Address 107 PEARSON ST

City PORTSMOUTH	State NH	Zip Code 03801
--------------------	-------------	-------------------

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

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

Transaction ID : SA11AI-17065288

Amount of Each Receipt this Period
200.00

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	9604.00

**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) A. Pollock, William, , ,			Date of Disbursement MM / DD / YYYY 07 / 18 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period [REDACTED] 662.63	
Purpose of Disbursement Wages		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. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 08 / 01 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period [REDACTED] 1917.05	
Purpose of Disbursement Wages		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) C. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 08 / 15 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period [REDACTED] 1997.40	
Purpose of Disbursement Wages		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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 4577.08
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 08 / 29 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 1997.40	
Purpose of Disbursement Wages		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. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 09 / 12 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 2158.10	
Purpose of Disbursement Wages		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) C. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 09 / 26 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31883 Amount of Each Disbursement this Period 2158.10	
Purpose of Disbursement Wages		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:				

SUBTOTAL of Disbursements This Page (optional).....▶	6313.60
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) A. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 10 / 10 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31884 Amount of Each Disbursement this Period 2158.10	
Purpose of Disbursement Wages		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. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 10 / 24 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31884 Amount of Each Disbursement this Period 2158.10	
Purpose of Disbursement Wages		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) C. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 11 / 07 / 2019	
Mailing Address 4712 El President Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] Transaction ID : SB21B-31884 Amount of Each Disbursement this Period 1997.40	
Purpose of Disbursement Wages		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:				

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

6313.60

TOTAL 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. Pollock, Kecia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El President Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31884

Amount of Each Disbursement this Period: 2238.45

Memo Item

B. Pollock, Kecia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El President Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31884

Amount of Each Disbursement this Period: 2238.45

Memo Item

C. Pollock, Kecia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El President Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31884

Amount of Each Disbursement this Period: 2238.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6715.35

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. American Incorporators LTD

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Road
Suite 403-A

City Wilmington State DE Zip Code 19805-1270

Purpose of Disbursement Business Registration Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 07 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31885

Amount of Each Disbursement this Period: 2147.84

Memo Item

B. American Incorporators LTD

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Road
Suite 403-A

City Wilmington State DE Zip Code 19805-1270

Purpose of Disbursement Business Registration Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31885

Amount of Each Disbursement this Period: 150.00

Memo Item

C. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd Street
Box 241

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31885

Amount of Each Disbursement this Period: 12717.28

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15015.12

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. American Technology Services			Date of Disbursement MM / DD / YYYY 07 / 15 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 9403.84	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology Services			Date of Disbursement MM / DD / YYYY 07 / 18 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 7041.76	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology Services			Date of Disbursement MM / DD / YYYY 07 / 25 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 6653.60	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	23099.20
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. American Technology Services			Date of Disbursement MM / DD / YYYY 08 / 01 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period [] 13801.12	
City Phoenix	State AZ	Zip Code 85004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
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. American Technology Services			Date of Disbursement MM / DD / YYYY 08 / 12 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period [] 11089.76	
City Phoenix	State AZ	Zip Code 85004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
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) C. American Technology Services			Date of Disbursement MM / DD / YYYY 08 / 21 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period [] 2198.40	
City Phoenix	State AZ	Zip Code 85004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

27089.28

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. American Technology Services			Date of Disbursement MM / DD / YYYY 08 / 23 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period [REDACTED] 6251.84	
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. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 03 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period [REDACTED] 5675.68	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 09 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31888 Amount of Each Disbursement this Period [REDACTED] 3535.04	
City Phoenix	State AZ	Zip Code 85004	Category/Type 001	
Purpose of Disbursement Software Licensing		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 15462.56
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 17 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [] 3182.88	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 25 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [] Transaction ID : SB21B-31889	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [] 2668.32	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology Services			Date of Disbursement MM / DD / YYYY 09 / 27 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [] Transaction ID : SB21B-31888	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period [] 3080.80	
Purpose of Disbursement Software Licensing		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 8932.00
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. American Technology Services			Date of Disbursement MM / DD / YYYY 10 / 09 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 2630.88	
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. American Technology Services			Date of Disbursement MM / DD / YYYY 10 / 21 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 4320.48	
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) C. American Technology Services			Date of Disbursement MM / DD / YYYY 10 / 28 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 6472.48	
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			

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

13423.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 6084.48
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
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. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 12 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 7358.40
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
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) C. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 15 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period 11341.60
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		001 Category/ Type
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)..... ▶

24784.48

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period [] 3721.12
City Phoenix	State AZ	Zip Code 85004
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-31889 Amount of Each Disbursement this Period [] 10000.00
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) C. American Technology Services		Date of Disbursement MM / DD / YYYY 11 / 27 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [] Transaction ID : SB21B-3189t Amount of Each Disbursement this Period [] 16296.64
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 30017.76
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. American Technology Services			Date of Disbursement MM / DD / YYYY 12 / 05 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31890 Amount of Each Disbursement this Period 15401.12	
City Phoenix	State AZ	Zip Code 85004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
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. American Technology Services			Date of Disbursement MM / DD / YYYY 12 / 12 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31890 Amount of Each Disbursement this Period 14502.56	
City Phoenix	State AZ	Zip Code 85004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
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) C. American Technology Services			Date of Disbursement MM / DD / YYYY 12 / 18 / 2019	
Mailing Address 125 North 2nd Street Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31890 Amount of Each Disbursement this Period 16686.88	
City Phoenix	State AZ	Zip Code 85004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	46590.56
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. American Technology Services		Date of Disbursement MM / DD / YYYY 12 / 30 / 2019
Mailing Address 125 North 2nd Street Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31890 Amount of Each Disbursement this Period 14530.24
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. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 02 / 2019
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31893 Amount of Each Disbursement this Period 278.83
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Processing		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) C. Authorize.net		Date of Disbursement MM / DD / YYYY 08 / 02 / 2019
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period 205.54
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Processing		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:		

SUBTOTAL of Disbursements This Page (optional).....▶	15014.61
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. Authorize.net			Date of Disbursement MM / DD / YYYY 09 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr				
City American Fork	State UT	Zip Code 84003	FEC Identification Number C [] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [] 85.63	
Purpose of Disbursement Credit Card Processing		Category/Type 001	<input type="checkbox"/> Memo Item	
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. Authorize.net			Date of Disbursement MM / DD / YYYY 10 / 02 / 2019	
Mailing Address 808 E Utah Valley Dr				
City American Fork	State UT	Zip Code 84003	FEC Identification Number C [] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [] 57.49	
Purpose of Disbursement Credit Card Processing		Category/Type 001	<input type="checkbox"/> Memo Item	
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) C. Authorize.net			Date of Disbursement MM / DD / YYYY 11 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr				
City American Fork	State UT	Zip Code 84003	FEC Identification Number C [] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [] 171.24	
Purpose of Disbursement Credit Card Processing		Category/Type 001	<input type="checkbox"/> Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 314.36	
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. Authorize.net		Date of Disbursement MM / DD / YYYY 12 / 03 / 2019
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [REDACTED] 338.33 <input type="checkbox"/> Memo Item
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing	Category/ Type 001
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. Authorize.net		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-32264 Amount of Each Disbursement this Period [REDACTED] 11711.98 <input type="checkbox"/> Memo Item
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing Fees (combined)	Category/ Type 001
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) C. C Terry Raben LTD		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019
Mailing Address 3140 S. Rainbow Blvd. Suite# 403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31894 Amount of Each Disbursement this Period [REDACTED] 175.00 <input type="checkbox"/> Memo Item
City Las Vegas	State NV	
Zip Code 89146	Purpose of Disbursement Accounting Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 12225.31
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. C Terry Raben LTD		Date of Disbursement MM / DD / YYYY 08 / 09 / 2019
Mailing Address 3140 S. Rainbow Blvd. Suite# 403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31894
City Las Vegas	State NV	Zip Code 89146
Purpose of Disbursement Accounting Fees		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. C Terry Raben LTD		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019
Mailing Address 3140 S. Rainbow Blvd. Suite# 403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31895
City Las Vegas	State NV	Zip Code 89146
Purpose of Disbursement Accounting Fees		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 07 / 08 / 2019
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31897
City Marietta	State GA	Zip Code 30060
Purpose of Disbursement Credit Card Pmt Processing and verification		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 18050.36
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	

SUBTOTAL of Disbursements This Page (optional).....▶	18575.36
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. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

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-31897
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

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-31898
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing and verification

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-31899
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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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

Category/Type 001

Candidate Name

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

Date of Disbursement 08 / 01 / 2019

FEC Identification Number C. Transaction ID : SB21B-31898. Amount of Each Disbursement this Period 19588.74

Memo Item checkbox

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

Category/Type 001

Candidate Name

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

Date of Disbursement 08 / 12 / 2019

FEC Identification Number C. Transaction ID : SB21B-31898. Amount of Each Disbursement this Period 15740.30

Memo Item checkbox

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

Category/Type 001

Candidate Name

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

Date of Disbursement 08 / 16 / 2019

FEC Identification Number C. Transaction ID : SB21B-31898. Amount of Each Disbursement this Period 3120.35

Memo Item checkbox

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

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

Subtotal and Total amounts in boxes: 38449.39

**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: MM / DD / YYYY
08 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 8873.48

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: MM / DD / YYYY
08 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 8055.92

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: MM / DD / YYYY
09 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 5017.32

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	21946.72
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: 09 / 17 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 4517.47

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: 09 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 3787.35

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: 09 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31898

Amount of Each Disbursement this Period: 4372.58

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12677.40

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
M M / D D / Y Y Y Y Y
10 / 07 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31899
Amount of Each Disbursement this Period
3048.36

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
M M / D D / Y Y Y Y Y
10 / 09 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31899
Amount of Each Disbursement this Period
3734.21

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
M M / D D / Y Y Y Y Y
10 / 21 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31899
Amount of Each Disbursement this Period
6132.15

Memo Item

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

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

12914.72

**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: 10 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 9186.88

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: 10 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 8635.93

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: 11 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 10444.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 28266.91

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

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: 11 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 6097.76

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: 11 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 10000.00

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: 11 / 21 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31899

Amount of Each Disbursement this Period: 13000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 29097.76

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. Compliance Consultants		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 22 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31900 Amount of Each Disbursement this Period [REDACTED] 6474.96	
City Marietta	State GA	Zip Code 30060	Category/ Type [REDACTED] 001
Purpose of Disbursement Credit Card Pmt Processing and verification		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. Compliance Consultants		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 27 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31900 Amount of Each Disbursement this Period [REDACTED] 23130.82	
City Marietta	State GA	Zip Code 30060	Category/ Type [REDACTED] 001
Purpose of Disbursement Credit Card Pmt Processing and verification		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) C. Compliance Consultants		Date of Disbursement M M / D D / Y Y Y Y Y 12 / 05 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31900 Amount of Each Disbursement this Period [REDACTED] 21859.74	
City Marietta	State GA	Zip Code 30060	Category/ Type [REDACTED] 001
Purpose of Disbursement Credit Card Pmt Processing and verification		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 51465.52	
TOTAL 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. 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: 12 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31900

Amount of Each Disbursement this Period: 20584.34

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: 12 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31900

Amount of Each Disbursement this Period: 23684.71

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: 12 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31900

Amount of Each Disbursement this Period: 20623.63

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	64892.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Cox Communications

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 19 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31901
Amount of Each Disbursement this Period: 855.35

Memo Item

B. Cox Communications

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 19 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31901
Amount of Each Disbursement this Period: 52.50

Memo Item

C. Intuit Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 03 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31901
Amount of Each Disbursement this Period: 3.50

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 911.35

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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations

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-31903
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

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-31903
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

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-31903
 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. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	9

FEC Identification Number

Transaction ID : SB21B-31903
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	9

FEC Identification Number

Transaction ID : SB21B-31903
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	9

FEC Identification Number

Transaction ID : SB21B-31903
 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. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period: 14.95

Memo Item

Full Name (Last, First, Middle Initial)
B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 12 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period: 1.75

Memo Item

Full Name (Last, First, Middle Initial)
C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 26 / 2019

FEC Identification Number: C
Transaction ID : SB21B-31903
Amount of Each Disbursement this Period: 1.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18.45

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. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Operations

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2019			

FEC Identification Number

Transaction ID : SB21B-31903
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2019			

FEC Identification Number

Transaction ID : SB21B-31904
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll Processing Fee

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2019			

FEC Identification Number

Transaction ID : SB21B-31904
 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. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period

1.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Operations

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period

14.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-31904

Amount of Each Disbursement this Period

1.75

Memo Item

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

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

18.45

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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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31904
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Operations

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31904
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Payroll Processing Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31904
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. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6750 N Durango Dr.

City Las Vegas State NV Zip Code 89149

Purpose of Disbursement Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 16 / 2019

FEC Identification Number C

Transaction ID : SB21B-31905

Amount of Each Disbursement this Period 449.43

Memo Item

B. State of Nevada

Full Name (Last, First, Middle Initial)

Mailing Address 101 North Carson Street Suite 3

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 07 / 05 / 2019

FEC Identification Number C

Transaction ID : SB21B-31905

Amount of Each Disbursement this Period 525.00

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 07 / 08 / 2019

FEC Identification Number C

Transaction ID : SB21B-31905

Amount of Each Disbursement this Period 6150.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7124.73

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. Unified Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []

Transaction ID : SB21B-31908

Amount of Each Disbursement this Period

[] 4547.40

Memo Item

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []

Transaction ID : SB21B-31908

Amount of Each Disbursement this Period

[] 3404.70

Memo Item

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []

Transaction ID : SB21B-31908

Amount of Each Disbursement this Period

[] 3217.50

Memo Item

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/ Type

Candidate Name

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

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

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

[] 11169.60

[]

**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 MM / DD / YYYY 08 / 01 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period 6676.80
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period 5366.40
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:		

Full Name (Last, First, Middle Initial) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 21 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period 1060.80
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)..... ▶

13104.00

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. Unified Data Services		Date of Disbursement MM / DD / YYYY 08 / 23 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period 3022.50
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period 2745.60
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) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31908 Amount of Each Disbursement this Period 1708.20
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)..... ▶

7476.30

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. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 18 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [REDACTED] 1540.50
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 25 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [REDACTED] 1290.90
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) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 09 / 27 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [REDACTED] 1489.80
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).....▶	[REDACTED] 4321.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 10 / 08 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [REDACTED] 1037.40
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Unified Data Services		Date of Disbursement MM / DD / YYYY 10 / 09 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [REDACTED] 1271.40
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 10 / 21 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period [REDACTED] 2090.40
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 4399.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Unified Data Services		Date of Disbursement MM / DD / YYYY 10 / 28 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period 3131.70
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31909 Amount of Each Disbursement this Period 2944.50
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) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 11 / 12 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31911 Amount of Each Disbursement this Period 3560.70
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:		

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

9636.90

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. Unified Data Services		Date of Disbursement MM / DD / YYYY 11 / 14 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31910 Amount of Each Disbursement this Period 5487.30
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31910 Amount of Each Disbursement this Period 6637.80
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) C. Unified Data Services		Date of Disbursement MM / DD / YYYY 11 / 27 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31911 Amount of Each Disbursement this Period 7885.80
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).....▶	20010.90
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. Unified Data Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2223 S Highland Dr
#E6-240

M M M	/	D D D	/	Y Y Y Y Y
12		05		2019

City Salt Lake City State UT Zip Code 84106

FEC Identification Number

Purpose of Disbursement
Caging and Escrow

C

Transaction ID : SB21B-31910

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/ Type

7452.90

Memo Item

B. Unified Data Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2223 S Highland Dr
#E6-240

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

City Salt Lake City State UT Zip Code 84106

FEC Identification Number

Purpose of Disbursement
Caging and Escrow

C

Transaction ID : SB21B-31910

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/ Type

7016.10

Memo Item

C. Unified Data Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2223 S Highland Dr
#E6-240

M M M	/	D D D	/	Y Y Y Y Y
12		18		2019

City Salt Lake City State UT Zip Code 84106

FEC Identification Number

Purpose of Disbursement
Caging and Escrow

C

Transaction ID : SB21B-31911

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/ Type

8073.00

Memo Item

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

22542.00

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

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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

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-31910
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-31912
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-31911
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

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-31912
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-31912
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-31912
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: 09 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31912

Amount of Each Disbursement this Period: 640.80

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: 10 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31912

Amount of Each Disbursement this Period: 640.80

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: 10 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31912

Amount of Each Disbursement this Period: 640.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1922.40

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
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
 Amount of Each Disbursement this Period
 640.80

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
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
 Amount of Each Disbursement this Period
 586.20

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
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2019

FEC Identification Number
C
Transaction ID : SB21B-31913
 Amount of Each Disbursement this Period
 668.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1895.10

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-31913
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-31913
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-32144
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. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 07 / 01 / 2019	
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] Transaction ID : SB21B-32147	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period [REDACTED] 1156.32
Purpose of Disbursement Merchant Service Bankcard Fees		Category/Type 001	<input type="checkbox"/> Memo Item
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. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 07 / 09 / 2019	
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] Transaction ID : SB21B-32141	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period [REDACTED] 24.00
Purpose of Disbursement Bank Return Check Fee		Category/Type 001	<input type="checkbox"/> Memo Item
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) C. Wells Fargo Bank		Date of Disbursement MM / DD / YYYY 07 / 09 / 2019	
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] Transaction ID : SB21B-3214!	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period [REDACTED] 40.00
Purpose of Disbursement Bank Return Check Fee		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1220.32
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

001

Category/
Type

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
07	/	10	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period

[REDACTED]	25.02
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Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001

Category/
Type

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
07	/	15	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-32142

Amount of Each Disbursement this Period

[REDACTED]	12.00
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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
Bank Return Check Fee

001

Category/
Type

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
07	/	15	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period

[REDACTED]	50.00
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Memo Item

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

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

[REDACTED]	87.02
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[REDACTED]	
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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. 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 Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32141

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32146

Amount of Each Disbursement this Period: 60.00

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: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 20.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 104.02

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement: Bank Return Check Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32141
Amount of Each Disbursement this Period
24.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement: Bank Return Check Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32146
Amount of Each Disbursement this Period
85.00

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: Bank Return Check Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32144
Amount of Each Disbursement this Period
12.00

Memo Item

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

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

121.00

**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

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 25.00

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: 07 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 100.02

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 Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 24.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 149.02

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/
Type

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
07 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32145
Amount of Each Disbursement this Period
 40.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

001
Category/
Type

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
07 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32147
Amount of Each Disbursement this Period
 1070.50

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

001
Category/
Type

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
08 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32147
Amount of Each Disbursement this Period
 1261.66

Memo Item

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

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

2372.16

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/ Type

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
08		05		2019

FEC Identification Number

C
Transaction ID : SB21B-32142
Amount of Each Disbursement this Period
12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/ Type

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
08		05		2019

FEC Identification Number

C
Transaction ID : SB21B-32144
Amount of Each Disbursement this Period
25.00

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
Bank Return Check Fee

001
Category/ Type

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
08		09		2019

FEC Identification Number

C
Transaction ID : SB21B-3214;
Amount of Each Disbursement this Period
12.00

Memo Item

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

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

49.00

**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

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 20.00

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 47.00

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. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 23 / 2019

FEC Identification Number

Transaction ID : SB21B-32142
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 23 / 2019

FEC Identification Number

Transaction ID : SB21B-32144
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
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 23 / 2019

FEC Identification Number

Transaction ID : SB21B-32144
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 Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32150

Amount of Each Disbursement this Period: 1037.00

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: 09 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 490.42

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1542.42

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Return Check Fee

001

Category/
Type

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
09		09		2019

FEC Identification Number

C []
Transaction ID : SB21B-32143
Amount of Each Disbursement this Period
[] 12.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Return Check Fee

001

Category/
Type

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
09		09		2019

FEC Identification Number

C []
Transaction ID : SB21B-32145
Amount of Each Disbursement this Period
[] 40.00 []

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

001

Category/
Type

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
09		11		2019

FEC Identification Number

C []
Transaction ID : SB21B-32147
Amount of Each Disbursement this Period
[] 300.02 []

Memo Item

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

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

352.02

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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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Returns and Chargebacks

001
Category/ Type

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
09	/	18	/	2019

FEC Identification Number
C
Transaction ID : SB21B-32146
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/ Type

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
09	/	23	/	2019

FEC Identification Number
C
Transaction ID : SB21B-32143
Amount of Each Disbursement this Period
12.00

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
Bank Return Check Fee

001
Category/ Type

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
09	/	23	/	2019

FEC Identification Number
C
Transaction ID : SB21B-32144
Amount of Each Disbursement this Period
20.00

Memo Item

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

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

57.00

**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

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: 09 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 45.07

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: 09 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32147

Amount of Each Disbursement this Period: 65.08

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 Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32151

Amount of Each Disbursement this Period: 340.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 450.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32148
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32148
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32148
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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32142

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32146

Amount of Each Disbursement this Period: 60.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 35.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 119.02

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32143
Amount of Each Disbursement this Period
12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City: Portland State: OR Zip Code: 97228

Purpose of Disbursement
Bank Return Check Fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32144
Amount of Each Disbursement this Period
15.00

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
Bank Return Check Fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB21B-3214:
Amount of Each Disbursement this Period
12.00

Memo Item

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

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

39.00

**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

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 20.00

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 Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32150

Amount of Each Disbursement this Period: 300.00

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: 11 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 20.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 340.02

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: 11 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32148

Amount of Each Disbursement this Period: 746.27

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: 11 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32148

Amount of Each Disbursement this Period: 25.02

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: 11 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32148

Amount of Each Disbursement this Period: 80.07

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 851.36

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32143

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 35.00

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: 11 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 75.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 122.00

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32143

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 25.00

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: 11 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 70.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 107.04

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32142

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 40.00

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: 11 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 20.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 84.02

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32149
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32149
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
Bank Return Check Fee

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-32149
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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 40.00

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: 11 / 27 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period: 35.02

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: 11 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 20.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 95.04

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
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 Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32150

Amount of Each Disbursement this Period: 812.00

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32143

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32144

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 844.00

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period: 55.48

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: 12 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period: 1528.39

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: 12 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32149

Amount of Each Disbursement this Period: 55.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1638.89

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

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-32142
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

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-32146
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-32148
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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 36.00

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32146

Amount of Each Disbursement this Period: 115.00

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: 12 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 100.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 251.02

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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. 21b is checked.

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

Form A: Wells Fargo Bank. Includes fields for Date of Disbursement (12/10/2019), Mailing Address (PO Box 6995), City (Portland), State (OR), Zip Code (97228), Purpose of Disbursement (Bank Return Check Fee), Category/Type (001), and Amount of Each Disbursement (12.00).

Form B: Wells Fargo Bank. Includes fields for Date of Disbursement (12/10/2019), Mailing Address (PO Box 6995), City (Portland), State (OR), Zip Code (97228), Purpose of Disbursement (Bank Return Check Fee), Category/Type (001), and Amount of Each Disbursement (35.00).

Form C: Wells Fargo Bank. Includes fields for Date of Disbursement (12/13/2019), Mailing Address (PO Box 6995), City (Portland), State (OR), Zip Code (97228), Purpose of Disbursement (Merchant Service Bankcard Fees), Category/Type (001), and Amount of Each Disbursement (105.06).

SUBTOTAL of Disbursements This Page (optional) 152.06
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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32145

Amount of Each Disbursement this Period: 36.00

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 Bank Return Check Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32146

Amount of Each Disbursement this Period: 80.00

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: 12 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32151

Amount of Each Disbursement this Period: 115.68

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 231.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

FEC Identification Number

Transaction ID : SB21B-32150
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

FEC Identification Number

Transaction ID : SB21B-32143
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
Bank Return Check Fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

FEC Identification Number

Transaction ID : SB21B-32144
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. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Merchant Service Bankcard Fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 30 / 2019

FEC Identification Number

Transaction ID : SB21B-32150
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement
Service Charge

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

FEC Identification Number

Transaction ID : SB21B-32150
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number

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 type="checkbox"/> 21b	<input checked="" 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. WinRed

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
WinRed

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 12 / 2019

FEC Identification Number
C C00694323
Transaction ID : SB22-319136
Amount of Each Disbursement this Period
2800.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2800.00
TOTAL This Period (last page this line number only).....▶	2800.00