

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 PAC

ADDRESS (number and street) 8228 FAWN MEADOW AVE LAS VEGAS NV 89149

2. FEC IDENTIFICATION NUMBER C C00667865 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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

5. Covering Period 01 / 01 / 2021 through 06 / 30 / 2021

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 06 / 15 / 2022

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**

Write or Type Committee Name

**POLICE OFFICERS DEFENSE ALLIANCE PAC**

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="2021"/>	<input type="text" value="71676.02"/>	<input type="text" value="71676.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="71676.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="988172.08"/>	<input type="text" value="988172.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1059848.10"/>	<input type="text" value="1059848.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="915068.64"/>	<input type="text" value="915068.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="144779.46"/>	<input type="text" value="144779.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**POLICE OFFICERS DEFENSE ALLIANCE PAC**

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).....	13130.00	13130.00
(ii) Unitemized .....	975042.08	975042.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	988172.08	988172.08
(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) .....	988172.08	988172.08
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)).....▶	988172.08	988172.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	988172.08	988172.08

**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 .....	909997.74	909997.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	909997.74	909997.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5070.90	5070.90
(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)).....	5070.90	5070.90
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)) ..	915068.64	915068.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	915068.64	915068.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	988172.08	988172.08
34. Total Contribution Refunds (from Line 28(d)) .....	5070.90	5070.90
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	983101.18	983101.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	909997.74	909997.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	909997.74	909997.74

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

Form/Schedule: F3XA  
Transaction ID :

The purpose of this amendment is to correct a clerical error regarding PayPal donations. The Paypal donors for 2021 appear to have been uploaded twice/duplicated. The duplicates were all small donation amounts, and did not aggregate into Schedule A's. We have deduplicated the donation data, and are amending 2021-MY through 2022-M5 to correct the opening and closing balances affected by this change. We are also using these amendments as an opportunity to update the public record for the employer and occupations that we've obtained from the donors with previously missing or unacceptable values.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 100
	<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	<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 PAC**

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

Mailing Address 1901 BASHFORD MANOR LN

City LOUISVILLE	State KY	Zip Code 40218
--------------------	-------------	-------------------

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

Name of Employer (for Individual) VIP EXPRESS	Occupation (for Individual) DRIVER
--------------------------------------------------	---------------------------------------

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
01	/	27	/	2021

**Transaction ID : SA11AI-23357358**

Amount of Each Receipt this Period  
110.00

Memo Item

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

Mailing Address 1901 BASHFORD MANOR LN

City LOUISVILLE	State KY	Zip Code 40218
--------------------	-------------	-------------------

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

Name of Employer (for Individual) VIP EXPRESS	Occupation (for Individual) DRIVER
--------------------------------------------------	---------------------------------------

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
05	/	14	/	2021

**Transaction ID : SA11AI-23381870**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ARTHUR, KATHLEEN E, , ,

Mailing Address 5462 S CORNELL AVE

City CHICAGO	State IL	Zip Code 60615
-----------------	-------------	-------------------

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
01	/	27	/	2021

**Transaction ID : SA11AI-23357014**

Amount of Each Receipt this Period  
260.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 100
	<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 PAC**

**A. BAKER, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5256 44TH AVE S  
 City MINNEAPOLIS State MN Zip Code 55417  
 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 ▼ 290.00

Date of Receipt 01 / 13 / 2021  
**Transaction ID : SA11AI-23353030**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. BAKER, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5256 44TH AVE S  
 City MINNEAPOLIS State MN Zip Code 55417  
 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 ▼ 290.00

Date of Receipt 05 / 14 / 2021  
**Transaction ID : SA11AI-23381888**  
 Amount of Each Receipt this Period 165.00  
 Memo Item

**C. BERENSON, MINDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address NO ADDRESS  
 City ATLANTA State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2021  
**Transaction ID : SA11AI-23379128**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 100
	<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	<input type="checkbox"/> 17

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

**A. BOEHM, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 ADELAIDE DR  
 City SANTA MONICA State CA Zip Code 90402  
 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  
 02 / 17 / 2021  
**Transaction ID : SA11AI-23363470**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. BOYINGTON, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 475  
 City MANNFORD State OK Zip Code 74044  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2021  
**Transaction ID : SA11AI-23376280**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**C. BROTZ, ROMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 RIDGEWOOD LN  
 City SHEBOYGAN State WI Zip Code 53081  
 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 Y  
 04 / 21 / 2021  
**Transaction ID : SA11AI-23376248**  
 Amount of Each Receipt this Period  
 265.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	965.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 100
	<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 PAC**

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

Mailing Address 425 RIVER ST  
APT 434

City FITCHBURG State MA Zip Code 01420

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 ▼  
255.00

Date of Receipt  
01 / 18 / 2021  
Transaction ID : SA11AI-23354212

Amount of Each Receipt this Period  
255.00

Memo Item

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

Mailing Address 252 CEDAR TRAIL DR

City BALLWIN State MO Zip Code 63011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) PLANCORP Occupation (for Individual) MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 26 / 2021  
Transaction ID : SA11AI-23368482

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 6424 LAKE WASHINGTON BLVD NE  
APT 14

City KIRKLAND State WA Zip Code 98033

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  
02 / 03 / 2021  
Transaction ID : SA11AI-23359204

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	655.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 100
	<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	<input type="checkbox"/> 17

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

**A. CONNER, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6424 LAKE WASHINGTON BLVD NE  
 APT 14  
 City KIRKLAND State WA Zip Code 98033  
 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 06 / 17 / 2021  
**Transaction ID : SA11AI-23383390**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. DAUBERT, WESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1443 N CELIA WAY  
 City LAYTON State UT Zip Code 84041  
 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 ▼ 220.00

Date of Receipt 02 / 11 / 2021  
**Transaction ID : SA11AI-23361422**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. DAUBERT, WESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1443 N CELIA WAY  
 City LAYTON State UT Zip Code 84041  
 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 ▼ 220.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI-23383528**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00  
**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 100
<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 PAC**

**A. ELCOCK, JULIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1760 LEXINGTON AVE  
 APT 4D  
 City NEW YORK State NY Zip Code 10029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US ARMY Occupation (for Individual) UNITED STATE OF AMERICA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 20 / 2021**  
**Transaction ID : SA11AI-23375824**  
 Amount of Each Receipt this Period 505.00  
 Memo Item

**B. ELKIND, JAMES S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 SAINT PAUL ST  
 APT 501  
 City BROOKLINE State MA Zip Code 02446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 28 / 2021**  
**Transaction ID : SA11AI-23379534**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. FLOECK SR, DANIEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 JOHN D RYAN BLVD  
 APT 2503  
 City SAN ANTONIO State TX Zip Code 78245  
 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 **01 / 06 / 2021**  
**Transaction ID : SA11AI-23352254**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1055.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 100
<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 PAC**

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

Mailing Address 1793 DALI WAY

City HANFORD	State CA	Zip Code 93230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FLORES FARMS	Occupation (for Individual) FARMER
---------------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2021

**Transaction ID : SA11AI-23370794**

Amount of Each Receipt this Period  
210.00

Memo Item

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

Mailing Address 1793 DALI WAY

City HANFORD	State CA	Zip Code 93230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FLORES FARMS	Occupation (for Individual) FARMER
---------------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2021

**Transaction ID : SA11AI-23377186**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 99 FLORENCE ST

City CHESTNUT HILL	State MA	Zip Code 02467
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2021

**Transaction ID : SA11AI-23329580**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1010.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 100
	<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 PAC**

**A. GARRAHAN MASTERS, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 HARRIET LN  
 City HAVERTOWN State PA Zip Code 19083  
 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 ▼ 210.00

Date of Receipt **04 / 24 / 2021**  
**Transaction ID : SA11AI-2337778**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**B. HEWITT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4438 YOUNG RD  
 City SYRACUSE State NY Zip Code 13215  
 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 ▼ 325.00

Date of Receipt **04 / 20 / 2021**  
**Transaction ID : SA11AI-23375812**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**C. HEWITT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4438 YOUNG RD  
 City SYRACUSE State NY Zip Code 13215  
 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 ▼ 325.00

Date of Receipt **04 / 27 / 2021**  
**Transaction ID : SA11AI-23379292**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 100
	<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 PAC**

**A. HOFFMAN, VIRGINIA P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 72

City SEVEN MILE	State OH	Zip Code 45062
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2021

**Transaction ID : SA11AI-23353964**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. HOFFMAN, RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 HEALEY ST

City CAMBRIDGE	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2021

**Transaction ID : SA11AI-23359766**

Amount of Each Receipt this Period  
160.00

Memo Item

**C. HOFFMAN, RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 HEALEY ST

City CAMBRIDGE	State MA	Zip Code 02138
-------------------	-------------	-------------------

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 ▼  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2021

**Transaction ID : SA11AI-23325424**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	610.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 100
	<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	<input type="checkbox"/> 17

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

**A. HOPKINS, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 171 LEXINGTON AVE  
 APT 121  
 City NEW YORK State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NET COUNCIL Occupation (for Individual) SUPERINTENDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2021  
**Transaction ID : SA11AI-23381450**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item

**B. HOPKINS, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 171 LEXINGTON AVE  
 APT 121  
 City NEW YORK State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NET COUNCIL Occupation (for Individual) SUPERINTENDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2021  
**Transaction ID : SA11AI-23344700**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. IKOYA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 BELLERIVE DR  
 APT 906  
 City HOUSTON State TX Zip Code 77036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACCOUNT TABLE ASSOCIATION Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2021  
**Transaction ID : SA11AI-23365524**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 100
	<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	<input type="checkbox"/> 17

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

**A. KARAM, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 W BREWSTER RD  
 City BUTLER State PA Zip Code 16001  
 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 Y  
 04 / 27 / 2021  
**Transaction ID : SA11AI-23378678**  
 Amount of Each Receipt this Period  
 265.00  
 Memo Item

**B. KUGELMAN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2619 W AGATITE AVE APT 1A  
 City CHICAGO State IL Zip Code 60625  
 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 ▼ 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2021  
**Transaction ID : SA11AI-23327416**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. KUGELMAN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2619 W AGATITE AVE APT 1A  
 City CHICAGO State IL Zip Code 60625  
 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 ▼ 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2021  
**Transaction ID : SA11AI-23383530**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 100
	<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 PAC**

**A. LEFEBVRE, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 PLUMMER HILL RD  
 City BELMONT State NH Zip Code 03220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISABLED Occupation (for Individual) DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2021  
**Transaction ID : SA11AI-23374826**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. MAHONEY, LYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1766 CRESCENT DR  
 City WALNUT CREEK State CA Zip Code 94598  
 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 ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2021  
**Transaction ID : SA11AI-23381294**  
 Amount of Each Receipt this Period  
 230.00  
 Memo Item

**C. MARMOLEJO, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5216 SAINT JOHN AVE  
 City KANSAS CITY State MO Zip Code 64123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUPERIOR IN HOME SERVICES Occupation (for Individual) CAREGIVER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2021  
**Transaction ID : SA11AI-23373018**  
 Amount of Each Receipt this Period  
 205.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	685.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 100
	<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 PAC**

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

Mailing Address 1439 LARDNER ST

City PHILADELPHIA	State PA	Zip Code 19149
----------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2021

**Transaction ID : SA11AI-23329556**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1439 LARDNER ST

City PHILADELPHIA	State PA	Zip Code 19149
----------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2021

**Transaction ID : SA11AI-23349432**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 1276 NATIONAL RD  
APT 408

City WHEELING	State WV	Zip Code 26003
------------------	-------------	-------------------

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

Name of Employer (for Individual) CATHOLIC DIOCESE OF WHEELING CHARLESTO	Occupation (for Individual) PRIEST
-----------------------------------------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2021

**Transaction ID : SA11AI-23355382**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 100
	<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	<input type="checkbox"/> 17

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

**A. MCSWEENEY, JEREMIAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1276 NATIONAL RD  
 APT 408  
 City WHEELING State WV Zip Code 26003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CATHOLIC DIOCESE OF WHEELING CHARLESTO Occupation (for Individual) PRIEST  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 415.00

Date of Receipt 06 / 03 / 2021  
**Transaction ID : SA11AI-23382828**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**B. MIKOLEIT, KERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12693 BOOTH LAKE RD  
 City MINOCQUA State WI Zip Code 54548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MHLC SCHOOL DISTRICT Occupation (for Individual) EDUCATOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 310.00

Date of Receipt 04 / 19 / 2021  
**Transaction ID : SA11AI-23374722**  
 Amount of Each Receipt this Period 310.00  
 Memo Item

**C. MIZER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13604 PAUHASKA RD  
 APT 2  
 City APPLE VALLEY State CA Zip Code 92308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMNITRANS Occupation (for Individual) BUS DRIVER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 01 / 22 / 2021  
**Transaction ID : SA11AI-23356016**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **875.00**  
**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 100
	<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 PAC**

**A. PLANTE, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 536 2ND AVE S  
 City ONALASKA State WI Zip Code 54650  
 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 ▼ 210.00

Date of Receipt **04 / 21 / 2021**  
**Transaction ID : SA11AI-23376266**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**B. PYLE, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11828 14TH AVE S  
 City SEATTLE State WA Zip Code 98168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KING COUNTY METRO Occupation (for Individual) TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt **02 / 01 / 2021**  
**Transaction ID : SA11AI-23358412**  
 Amount of Each Receipt this Period 265.00  
 Memo Item

**C. RABBANI, RAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13900 MARQUESAS WAY APT 3401  
 City MARINA DEL REY State CA Zip Code 90292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RAMIN RADDANI MD INC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt **01 / 18 / 2021**  
**Transaction ID : SA11AI-23354272**  
 Amount of Each Receipt this Period 515.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	990.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 100
	<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 PAC**

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

Mailing Address 13900 MARQUESAS WAY  
APT 3401

City MARINA DEL REY	State CA	Zip Code 90292
------------------------	-------------	-------------------

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

Name of Employer (for Individual) RAMIN RADDANI MD INC	Occupation (for Individual) PHYSICIAN
-----------------------------------------------------------	------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

**Transaction ID : SA11AI-23381300**

Amount of Each Receipt this Period  
210.00

Memo Item

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

Mailing Address 243 W GERMANTOWN PIKE

City NORRISTOWN	State PA	Zip Code 19401
--------------------	-------------	-------------------

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

Name of Employer (for Individual) lopi nine financial services	Occupation (for Individual) ACCOUNTING
-------------------------------------------------------------------	-------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2021

**Transaction ID : SA11AI-23355380**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 243 W GERMANTOWN PIKE

City NORRISTOWN	State PA	Zip Code 19401
--------------------	-------------	-------------------

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

Name of Employer (for Individual) lopi nine financial services	Occupation (for Individual) ACCOUNTING
-------------------------------------------------------------------	-------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2021

**Transaction ID : SA11AI-23383426**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	660.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 100
	<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 PAC**

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

Mailing Address 1910 42ND AVE W  
STE 300

City ALEXANDRIA State MN Zip Code 56308

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

Name of Employer (for Individual) C.I. Construction, LLC Occupation (for Individual) President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 18 / 2021  
Transaction ID : SA11AI-23353586

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 304 GOLFOVIEW DR

City ALBANY State MN Zip Code 56307

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

Name of Employer (for Individual) MINNESOTA VETERINARIAN ASSOCIATES Occupation (for Individual) VETERINARIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
02 / 01 / 2021  
Transaction ID : SA11AI-23324604

Amount of Each Receipt this Period  
350.00

Memo Item

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

Mailing Address 304 GOLFOVIEW DR

City ALBANY State MN Zip Code 56307

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

Name of Employer (for Individual) MINNESOTA VETERINARIAN ASSOCIATES Occupation (for Individual) VETERINARIAN

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
06 / 21 / 2021  
Transaction ID : SA11AI-23350158

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 100
	<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 PAC**

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

Mailing Address 2114 BRAHMA ST

City GRAND ISLAND	State NE	Zip Code 68801
----------------------	-------------	-------------------

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

Name of Employer (for Individual) HORNADY MANUFACTOR	Occupation (for Individual) MACHINE OPERATOR
---------------------------------------------------------	-------------------------------------------------

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
03	/	03	/	2021

**Transaction ID : SA11AI-23368906**

Amount of Each Receipt this Period  
105.00

Memo Item

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

Mailing Address 2114 BRAHMA ST

City GRAND ISLAND	State NE	Zip Code 68801
----------------------	-------------	-------------------

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

Name of Employer (for Individual) HORNADY MANUFACTOR	Occupation (for Individual) MACHINE OPERATOR
---------------------------------------------------------	-------------------------------------------------

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
03	/	09	/	2021

**Transaction ID : SA11AI-23369964**

Amount of Each Receipt this Period  
110.00

Memo Item

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

Mailing Address 6715 MAPLE KNOLL DR

City GAITHERSBURG	State MD	Zip Code 20882
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2021

**Transaction ID : SA11AI-23368870**

Amount of Each Receipt this Period  
315.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 100
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. WUALCUTT, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18400 PEARL RD  
 City STRONGSVILLE State OH Zip Code 44136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THORNHILL FINANCIAL Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 02 / 2021**  
**Transaction ID : SA11AI-23372912**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. WYCKOFF, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12811 COLLINS ST  
 City VALLEY VILLAGE State CA Zip Code 91607  
 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 ▼ 220.00

Date of Receipt **02 / 16 / 2021**  
**Transaction ID : SA11AI-23362984**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. WYCKOFF, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12811 COLLINS ST  
 City VALLEY VILLAGE State CA Zip Code 91607  
 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 ▼ 220.00

Date of Receipt **06 / 03 / 2021**  
**Transaction ID : SA11AI-23382918**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.00
<b>TOTAL</b> This Period (last page this line number only).....	13130.00

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. Pollock, Kecia M., , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 15 / 2021	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41674</b> Amount of Each Disbursement this Period [REDACTED] 2380.50	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Pollock, Kecia M., , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 28 / 2021	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41678</b> Amount of Each Disbursement this Period [REDACTED] 3285.05	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Pollock, Kecia M., , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 11 / 2021	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4168!</b> Amount of Each Disbursement this Period [REDACTED] 1673.00	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 7338.55
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41690</b> Amount of Each Disbursement this Period 1673.00	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2021	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41698</b> Amount of Each Disbursement this Period 2732.25	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2021	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4170!</b> Amount of Each Disbursement this Period 3216.70	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7621.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

**A. Pollock, Kecia M., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 08 / 2021

FEC Identification Number: C

Transaction ID : SB21B-41711

Amount of Each Disbursement this Period: 3216.70

Memo Item

**B. Pollock, Kecia M., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB21B-41716

Amount of Each Disbursement this Period: 2732.25

Memo Item

**C. Pollock, Kecia M., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 05 / 07 / 2021

FEC Identification Number: C

Transaction ID : SB21B-41725

Amount of Each Disbursement this Period: 2380.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8329.45

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2021	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41730</b> Amount of Each Disbursement this Period 2380.50	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2021	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-44939</b> Amount of Each Disbursement this Period 2732.25	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2021	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4494;</b> Amount of Each Disbursement this Period 2732.25	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7845.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Incorporators LTD**

Mailing Address 1013 Centre Road  
Suite 403-A

City  
Wilmington

State  
DE

Zip Code  
19805-1270

Purpose of Disbursement  
Business Registration Fees

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
0	1		2	1		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-40928

Amount of Each Disbursement this Period

[REDACTED] 678.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address 808 E Utah Valley Dr

City  
American Fork

State  
UT

Zip Code  
84003

Purpose of Disbursement  
Credit Card Processing

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
0	1		0	4		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-40928

Amount of Each Disbursement this Period

[REDACTED] 240.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address 808 E Utah Valley Dr

City  
American Fork

State  
UT

Zip Code  
84003

Purpose of Disbursement  
Combined off the top CC Transaction fees Jan

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
0	1		3	1		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-4559t

Amount of Each Disbursement this Period

[REDACTED] 2385.72

Memo Item

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

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

[REDACTED] 3304.19

[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 PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2021	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Credit Card Processing		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		<input type="text" value="001"/> Category/ Type	<b>Transaction ID : SB21B-40929</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2021	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Combined off the top CC Transaction fees Feb		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		<input type="text" value="001"/> Category/ Type	<b>Transaction ID : SB21B-45597</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2021	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Credit Card Processing		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		<input type="text" value="001"/> Category/ Type	<b>Transaction ID : SB21B-40929</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="3581.56"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2021	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Combined off the top CC Transaction fees Mar		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:	<input type="checkbox"/> Memo Item		

FEC Identification Number  
C  
**Transaction ID : SB21B-45597**  
Amount of Each Disbursement this Period  
1218.14

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2021	
Mailing Address 808 E Utah Valley Dr			
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number  
C  
**Transaction ID : SB21B-41710**  
Amount of Each Disbursement this Period  
181.84

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2021	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Combined off the top CC Transaction fees Apr		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:	<input type="checkbox"/> Memo Item		

FEC Identification Number  
C  
**Transaction ID : SB21B-45597**  
Amount of Each Disbursement this Period  
2462.30

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3862.28
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2021	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41723</b> Amount of Each Disbursement this Period [REDACTED] 309.45	
City American Fork	State UT	Zip Code 84003	Category/Type 001
Purpose of Disbursement Credit Card Processing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2021	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-45597</b> Amount of Each Disbursement this Period [REDACTED] 968.86	
City American Fork	State UT	Zip Code 84003	Category/Type 001
Purpose of Disbursement Combined off the top CC Transaction fees May		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2021	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4562:</b> Amount of Each Disbursement this Period [REDACTED] 110.30	
City American Fork	State UT	Zip Code 84003	Category/Type 001
Purpose of Disbursement Credit Card Processing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1388.61
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003

Purpose of Disbursement Combined off the top CC Transaction fees Jun

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2021

FEC Identification Number: C

Transaction ID : SB21B-45597

Amount of Each Disbursement this Period: 610.09

Memo Item

**B. C Terry Raben LTD**

Full Name (Last, First, Middle Initial)

Mailing Address 3140 S. Rainbow Blvd. Suite# 403

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement Accounting Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 18 / 2021

FEC Identification Number: C

Transaction ID : SB21B-41723

Amount of Each Disbursement this Period: 675.00

Memo Item

**C. Christopher Laccinole**

Full Name (Last, First, Middle Initial)

Mailing Address 23 Othmar St

City Narragansett State RI Zip Code 02882

Purpose of Disbursement Legal Settlement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
01 / 21 / 2021

FEC Identification Number: C

Transaction ID : SB21B-4092

Amount of Each Disbursement this Period: 9701.27

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10986.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	14	/	2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

003  
Category/Type

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-40929**  
Amount of Each Disbursement this Period  
9437.18

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	14	/	2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

003  
Category/Type

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-40929**  
Amount of Each Disbursement this Period  
12303.47

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	21	/	2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

003  
Category/Type

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-40931**  
Amount of Each Disbursement this Period  
11578.85

Candidate Name

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

Memo Item

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

33319.50

**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 PAC**

Full Name (Last, First, Middle Initial)

### A. Cloud Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

C	003
Category/ Type	

FEC Identification Number

C	Transaction ID : SB21B-40930
Amount of Each Disbursement this Period	
21244.17	

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:		

Memo Item

Full Name (Last, First, Middle Initial)

### B. Cloud Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

C	003
Category/ Type	

FEC Identification Number

C	Transaction ID : SB21B-40930
Amount of Each Disbursement this Period	
25439.04	

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:		

Memo Item

Full Name (Last, First, Middle Initial)

### C. Cloud Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

C	003
Category/ Type	

FEC Identification Number

C	Transaction ID : SB21B-40930
Amount of Each Disbursement this Period	
21507.93	

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:		

Memo Item

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

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

68191.14

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2021

Mailing Address 1350 W Southport Road  
Box 130

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-40930**  
 Amount of Each Disbursement this Period  
 [ ] 17839.52

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

**003**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2021

Mailing Address 1350 W Southport Road  
Box 130

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-40931**  
 Amount of Each Disbursement this Period  
 [ ] 19823.31

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

**003**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2021

Mailing Address 1350 W Southport Road  
Box 130

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-40931**  
 Amount of Each Disbursement this Period  
 [ ] 42058.83

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

**003**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

[ ] 79721.66

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-40931
Amount of Each Disbursement this Period
24311.19

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-40931
Amount of Each Disbursement this Period
25441.75

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Leads/ Phone List

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-40931
Amount of Each Disbursement this Period
16335.26

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:	

Memo Item

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

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

66088.20

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41709
Amount of Each Disbursement this Period
11652.13

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:		

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41711
Amount of Each Disbursement this Period
13185.75

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:		

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41714
Amount of Each Disbursement this Period
3990.92

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:		

Memo Item

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

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

28828.80

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. Cloud Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2021
Mailing Address 1350 W Southport Road Box 130		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41717</b> Amount of Each Disbursement this Period 9461.76
City Indianapolis	State IN	Zip Code 46217
Purpose of Disbursement Leads/ Phone List		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cloud Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2021
Mailing Address 1350 W Southport Road Box 130		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41720</b> Amount of Each Disbursement this Period 21231.44
City Indianapolis	State IN	Zip Code 46217
Purpose of Disbursement Leads/ Phone List		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cloud Data Services</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2021
Mailing Address 1350 W Southport Road Box 130		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41721</b> Amount of Each Disbursement this Period 21451.13
City Indianapolis	State IN	Zip Code 46217
Purpose of Disbursement Leads/ Phone List		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

52144.33
[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 PAC**

Full Name (Last, First, Middle Initial)

**A. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41728
Amount of Each Disbursement this Period
13411.36

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41727
Amount of Each Disbursement this Period
9339.35

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41727
Amount of Each Disbursement this Period
5792.66

Candidate Name

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

Memo Item

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

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

28543.37

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-44939
Amount of Each Disbursement this Period
5775.04

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-44941
Amount of Each Disbursement this Period
5406.97

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2021

Mailing Address 1350 W Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Leads/ Phone List

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-4494;
Amount of Each Disbursement this Period
4933.69

Candidate Name

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

Memo Item

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

16115.70
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**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Cloud Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2021

Mailing Address 1350 W Southport Road  
Box 130

FEC Identification Number

C [REDACTED]

City Indianapolis State IN Zip Code 46217

Transaction ID : **SB21B-44944**  
Amount of Each Disbursement this Period

Purpose of Disbursement Leads/ Phone List Category/Type **003**

[REDACTED] 3653.32

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. Cox Communications**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2021

Mailing Address PO BOX 53262

FEC Identification Number

C [REDACTED]

City Phoenix State AZ Zip Code 85072

Transaction ID : **SB21B-40932**  
Amount of Each Disbursement this Period

Purpose of Disbursement Telephone, Telecommunications Category/Type **001**

[REDACTED] 179.44

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. Cox Communications**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2021

Mailing Address PO BOX 53262

FEC Identification Number

C [REDACTED]

City Phoenix State AZ Zip Code 85072

Transaction ID : **SB21B-40932**  
Amount of Each Disbursement this Period

Purpose of Disbursement Telephone, Telecommunications Category/Type **001**

[REDACTED] 6.71

Candidate Name

Memo Item

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

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

[REDACTED] 3839.47

**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 PAC**

**A. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40932

Amount of Each Disbursement this Period: 6.71

Memo Item

**B. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40933

Amount of Each Disbursement this Period: 179.44

Memo Item

**C. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40933

Amount of Each Disbursement this Period: 6.71

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 192.86

**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 PAC**

**A. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40933

Amount of Each Disbursement this Period: 6.71

Memo Item

**B. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40933

Amount of Each Disbursement this Period: 363.70

Memo Item

**C. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40933

Amount of Each Disbursement this Period: 13.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 383.83

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2021	
Mailing Address PO BOX 53262		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40934</b> Amount of Each Disbursement this Period [REDACTED] 13.42	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone, Telecommunications		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2021	
Mailing Address PO BOX 53262		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41719</b> Amount of Each Disbursement this Period [REDACTED] 183.43	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone, Telecommunications		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2021	
Mailing Address PO BOX 53262		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41719</b> Amount of Each Disbursement this Period [REDACTED] 6.78	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone, Telecommunications		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 203.63
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2021	
Mailing Address PO BOX 53262		FEC Identification Number C [ ] <b>Transaction ID : SB21B-41719</b> Amount of Each Disbursement this Period [ ] 6.78	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone, Telecommunications		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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2021	
Mailing Address PO BOX 53262		FEC Identification Number C [ ] <b>Transaction ID : SB21B-41722</b> Amount of Each Disbursement this Period [ ] 6.78	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone, Telecommunications		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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2021	
Mailing Address PO BOX 53262		FEC Identification Number C [ ] <b>Transaction ID : SB21B-4172;</b> Amount of Each Disbursement this Period [ ] 6.78	
City Phoenix	State AZ	Zip Code 85072	Category/ Type 001
Purpose of Disbursement Telephone, Telecommunications		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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 20.34
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 53262

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 28 / 2021

FEC Identification Number: C

Transaction ID : SB21B-41723

Amount of Each Disbursement this Period: 183.43

Memo Item

**B. EYP Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2949 NW 120th Way

City Sunrise State FL Zip Code 33323

Purpose of Disbursement Payment Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 14 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40934

Amount of Each Disbursement this Period: 1023.31

Memo Item

**C. EYP Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2949 NW 120th Way

City Sunrise State FL Zip Code 33323

Purpose of Disbursement Payment Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 14 / 2021

FEC Identification Number: C

Transaction ID : SB21B-40934

Amount of Each Disbursement this Period: 1190.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2397.40

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. EYP Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 01 / 21 / 2021	
Mailing Address 2949 NW 120th Way				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40934</b> Amount of Each Disbursement this Period [REDACTED] 1120.53	
Purpose of Disbursement Payment Processing		Category/Type 003		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EYP Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 01 / 28 / 2021	
Mailing Address 2949 NW 120th Way				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40935</b> Amount of Each Disbursement this Period [REDACTED] 2055.89	
Purpose of Disbursement Payment Processing		Category/Type 003		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. EYP Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 04 / 2021	
Mailing Address 2949 NW 120th Way				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4093!</b> Amount of Each Disbursement this Period [REDACTED] 2461.84	
Purpose of Disbursement Payment Processing		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5638.26
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2021
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40935</b> Amount of Each Disbursement this Period 2516.90
City Sunrise	State FL	Zip Code 33323
Purpose of Disbursement Payment Processing		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2021
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40935</b> Amount of Each Disbursement this Period 2161.89
City Sunrise	State FL	Zip Code 33323
Purpose of Disbursement Payment Processing		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40935</b> Amount of Each Disbursement this Period 1918.38
City Sunrise	State FL	Zip Code 33323
Purpose of Disbursement Payment Processing		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6597.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40936</b> Amount of Each Disbursement this Period 4560.60	
City Sunrise	State FL	Zip Code 33323	Category/ Type 003
Purpose of Disbursement Payment Processing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40936</b> Amount of Each Disbursement this Period 2636.15	
City Sunrise	State FL	Zip Code 33323	Category/ Type 003
Purpose of Disbursement Payment Processing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40936</b> Amount of Each Disbursement this Period 2758.74	
City Sunrise	State FL	Zip Code 33323	Category/ Type 003
Purpose of Disbursement Payment Processing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9955.49
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40936</b> Amount of Each Disbursement this Period 1771.29	
City Sunrise	State FL	Zip Code 33323	Category/ Type 003
Purpose of Disbursement Payment Processing			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41709</b> Amount of Each Disbursement this Period 1263.48	
City Sunrise	State FL	Zip Code 33323	Category/ Type 003
Purpose of Disbursement Payment Processing			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41711</b> Amount of Each Disbursement this Period 1429.78	
City Sunrise	State FL	Zip Code 33323	Category/ Type 003
Purpose of Disbursement Payment Processing			
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)..... ▶

4464.55

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41714</b> Amount of Each Disbursement this Period [REDACTED] 432.75	
City Sunrise	State FL	Zip Code 33323	Category/Type 003
Purpose of Disbursement Payment Processing			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41717</b> Amount of Each Disbursement this Period [REDACTED] 1025.97	
City Sunrise	State FL	Zip Code 33323	Category/Type 003
Purpose of Disbursement Payment Processing			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. EYP Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2021	
Mailing Address 2949 NW 120th Way		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41721</b> Amount of Each Disbursement this Period [REDACTED] 2653.93	
City Sunrise	State FL	Zip Code 33323	Category/Type 003
Purpose of Disbursement Payment Processing			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 4112.65
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EYP Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 05 / 06 / 2021	
Mailing Address 2949 NW 120th Way				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payment Processing			Transaction ID : <b>SB21B-41725</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 2681.39	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EYP Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 05 / 13 / 2021	
Mailing Address 2949 NW 120th Way				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payment Processing			Transaction ID : <b>SB21B-41724</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1676.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. EYP Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 05 / 20 / 2021	
Mailing Address 2949 NW 120th Way				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payment Processing			Transaction ID : <b>SB21B-4172:</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1167.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5525.23
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. EYP Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2949 NW 120th Way

City Sunrise State FL Zip Code 33323

Purpose of Disbursement Payment Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 27 / 2021

FEC Identification Number: C

Transaction ID : SB21B-41723

Amount of Each Disbursement this Period: 724.12

Memo Item

**B. EYP Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2949 NW 120th Way

City Sunrise State FL Zip Code 33323

Purpose of Disbursement Payment Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 04 / 2021

FEC Identification Number: C

Transaction ID : SB21B-44939

Amount of Each Disbursement this Period: 721.88

Memo Item

**C. EYP Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2949 NW 120th Way

City Sunrise State FL Zip Code 33323

Purpose of Disbursement Payment Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 11 / 2021

FEC Identification Number: C

Transaction ID : SB21B-4494

Amount of Each Disbursement this Period: 675.87

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2121.87

**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 PAC**

**A. EYP Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2949 NW 120th Way

City Sunrise State FL Zip Code 33323

Purpose of Disbursement Payment Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 17 / 2021

FEC Identification Number: C

Transaction ID : SB21B-44943

Amount of Each Disbursement this Period: 616.71

Memo Item

**B. EYP Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2949 NW 120th Way

City Sunrise State FL Zip Code 33323

Purpose of Disbursement Payment Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 25 / 2021

FEC Identification Number: C

Transaction ID : SB21B-44944

Amount of Each Disbursement this Period: 456.66

Memo Item

**C. LAV Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3468 Ruth Drive

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement Phone bank Payroll Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 14 / 2021

FEC Identification Number: C

Transaction ID : SB21B-4093t

Amount of Each Disbursement this Period: 3307.39

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4380.76

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40937</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 5912.45
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40937</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 3112.60
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40937</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 5710.80
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14735.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40937</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 6838.45
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40937</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 6991.38
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40937</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 4323.78
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18153.61
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40938</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period [REDACTED] 3836.77
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	<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>B. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40938</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period [REDACTED] 9121.19
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	<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>C. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40938</b>	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period [REDACTED] 5272.31
Purpose of Disbursement Phone bank Payroll Services		Category/ Type 003	<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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 18230.27
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40938</b>
City Las Vegas	State NV	Zip Code 89121
Purpose of Disbursement Phone bank Payroll Services		Amount of Each Disbursement this Period 5517.49
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2021
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40939</b>
City Las Vegas	State NV	Zip Code 89121
Purpose of Disbursement Phone bank Payroll Services		Amount of Each Disbursement this Period 3542.59
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2021
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4170</b>
City Las Vegas	State NV	Zip Code 89121
Purpose of Disbursement Phone bank Payroll Services		Amount of Each Disbursement this Period 2526.97
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11587.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41712</b> Amount of Each Disbursement this Period [REDACTED] 2859.56	
City Las Vegas	State NV	Zip Code 89121	Category/ Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41715</b> Amount of Each Disbursement this Period [REDACTED] 865.50	
City Las Vegas	State NV	Zip Code 89121	Category/ Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41717</b> Amount of Each Disbursement this Period [REDACTED] 2051.95	
City Las Vegas	State NV	Zip Code 89121	Category/ Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5777.01
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41720</b> Amount of Each Disbursement this Period 5307.86	
City Las Vegas	State NV	Zip Code 89121	Category/Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41727</b> Amount of Each Disbursement this Period 5362.78	
City Las Vegas	State NV	Zip Code 89121	Category/Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41721</b> Amount of Each Disbursement this Period 3352.84	
City Las Vegas	State NV	Zip Code 89121	Category/Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14023.48
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. LAV Services LLC

Mailing Address 3468 Ruth Drive

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Phone bank Payroll Services

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2021

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-41725

Amount of Each Disbursement this Period

[Redacted] 2334.84

Memo Item

Full Name (Last, First, Middle Initial)

### B. LAV Services LLC

Mailing Address 3468 Ruth Drive

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Phone bank Payroll Services

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2021

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-41724

Amount of Each Disbursement this Period

[Redacted] 1448.24

Memo Item

Full Name (Last, First, Middle Initial)

### C. LAV Services LLC

Mailing Address 3468 Ruth Drive

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Phone bank Payroll Services

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2021

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-4494t

Amount of Each Disbursement this Period

[Redacted] 1443.76

Memo Item

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

[Redacted] 5226.84

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 PAC**

Full Name (Last, First, Middle Initial) <b>A. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-44941</b> Amount of Each Disbursement this Period [REDACTED] 1351.74	
City Las Vegas	State NV	Zip Code 89121	Category/ Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-44943</b> Amount of Each Disbursement this Period [REDACTED] 1233.42	
City Las Vegas	State NV	Zip Code 89121	Category/ Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. LAV Services LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2021	
Mailing Address 3468 Ruth Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-44944</b> Amount of Each Disbursement this Period [REDACTED] 913.30	
City Las Vegas	State NV	Zip Code 89121	Category/ Type 003
Purpose of Disbursement Phone bank Payroll Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3498.46
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. North Star Multimedia**

Mailing Address 9360 W. Flamingo #110-226

City Las Vegas State NV Zip Code 89147

Purpose of Disbursement Website redesign

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	2	/	0	9	/	2	0	2	1

FEC Identification Number  
  
**Transaction ID : SB21B-40939**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. NV Employment Training Rehabilitation**

Mailing Address 500 E. Third Street

City Carson City State NV Zip Code 89713-0030

Purpose of Disbursement Nevada Unemployment Insurance

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	4	/	2	3	/	2	0	2	1

FEC Identification Number  
  
**Transaction ID : SB21B-41718**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PACSmart Filing Services LLC**

Mailing Address 1013 Centre Road, Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement FEC Compliance Reporting

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	2	/	0	5	/	2	0	2	1

FEC Identification Number  
  
**Transaction ID : SB21B-40939**  
 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 PAC**

**A. PACSmart Filing Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Road, Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
FEC Compliance Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 07 / 2021

FEC Identification Number: C

Transaction ID : **SB21B-44940**

Amount of Each Disbursement this Period: 1800.00

Memo Item

**B. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Combined 'off the top' CC Transaction fees Jan

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 31 / 2021

FEC Identification Number: C

Transaction ID : **SB21B-41680**

Amount of Each Disbursement this Period: 39.65

Memo Item

**C. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Combined 'off the top' CC Transaction fees Feb

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 28 / 2021

FEC Identification Number: C

Transaction ID : **SB21B-4169:**

Amount of Each Disbursement this Period: 53.19

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1892.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Combined 'off the top' CC Transaction fees Mar

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B-41708**  
 Amount of Each Disbursement this Period  
 108.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Combined 'off the top' CC Transaction fees Apr

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B-41721**  
 Amount of Each Disbursement this Period  
 17.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Combined 'off the top' CC Transaction fees May

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B-4172;**  
 Amount of Each Disbursement this Period  
 13.93

Memo Item

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

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

139.60

**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 PAC**

**A. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Combined 'off the top' CC Transaction fees Jun

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 30 / 2021

FEC Identification Number C

Transaction ID : SB21B-41722

Amount of Each Disbursement this Period 10.26

Memo Item

**B. Ridge Innovative**

Full Name (Last, First, Middle Initial)

Mailing Address 2124 Union Ave.

City Costa Mesa State CA Zip Code 92627

Purpose of Disbursement Phonebank Long Distance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 08 / 2021

FEC Identification Number C

Transaction ID : SB21B-40939

Amount of Each Disbursement this Period 5067.33

Memo Item

**C. Ridge Innovative**

Full Name (Last, First, Middle Initial)

Mailing Address 2124 Union Ave.

City Costa Mesa State CA Zip Code 92627

Purpose of Disbursement Phonebank Long Distance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 12 / 2021

FEC Identification Number C

Transaction ID : SB21B-40939

Amount of Each Disbursement this Period 2929.06

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8006.65

**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 PAC**

Full Name (Last, First, Middle Initial) <b>A. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021	
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40940</b>	
City Costa Mesa	State CA	Zip Code 92627	Amount of Each Disbursement this Period [REDACTED] 3065.27
Purpose of Disbursement Phonebank Long Distance		Category/Type 003	<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>B. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2021	
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-40940</b>	
City Costa Mesa	State CA	Zip Code 92627	Amount of Each Disbursement this Period [REDACTED] 1968.10
Purpose of Disbursement Phonebank Long Distance		Category/Type 003	<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>C. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2021	
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41711</b>	
City Costa Mesa	State CA	Zip Code 92627	Amount of Each Disbursement this Period [REDACTED] 1403.87
Purpose of Disbursement Phonebank Long Distance		Category/Type 003	<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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 6437.24
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2021	
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41712</b> Amount of Each Disbursement this Period 1588.65	
City Costa Mesa	State CA	Zip Code 92627	Category/ Type 003
Purpose of Disbursement Phonebank Long Distance			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2021	
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41715</b> Amount of Each Disbursement this Period 480.83	
City Costa Mesa	State CA	Zip Code 92627	Category/ Type 003
Purpose of Disbursement Phonebank Long Distance			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2021	
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41717</b> Amount of Each Disbursement this Period 1139.97	
City Costa Mesa	State CA	Zip Code 92627	Category/ Type 003
Purpose of Disbursement Phonebank Long Distance			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3209.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2021
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41720</b> Amount of Each Disbursement this Period [REDACTED] 3833.45
City Costa Mesa	State CA	Zip Code 92627
Purpose of Disbursement Phonebank Long Distance		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2021
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41726</b> Amount of Each Disbursement this Period [REDACTED] 3873.12
City Costa Mesa	State CA	Zip Code 92627
Purpose of Disbursement Phonebank Long Distance		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2021
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4172!</b> Amount of Each Disbursement this Period [REDACTED] 2421.50
City Costa Mesa	State CA	Zip Code 92627
Purpose of Disbursement Phonebank Long Distance		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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 10128.07
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2021
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41724</b> Amount of Each Disbursement this Period 1686.27
City Costa Mesa	State CA	Zip Code 92627
Purpose of Disbursement Phonebank Long Distance		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2021
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-41724</b> Amount of Each Disbursement this Period 1045.95
City Costa Mesa	State CA	Zip Code 92627
Purpose of Disbursement Phonebank Long Distance		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Ridge Innovative</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2021
Mailing Address 2124 Union Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-4494t</b> Amount of Each Disbursement this Period 1042.72
City Costa Mesa	State CA	Zip Code 92627
Purpose of Disbursement Phonebank Long Distance		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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3774.94
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ridge Innovative**

Mailing Address 2124 Union Ave.

City Costa Mesa State CA Zip Code 92627

Purpose of Disbursement  
Phonebank Long Distance

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-44942**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ridge Innovative**

Mailing Address 2124 Union Ave.

City Costa Mesa State CA Zip Code 92627

Purpose of Disbursement  
Phonebank Long Distance

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-44943**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ridge Innovative**

Mailing Address 2124 Union Ave.

City Costa Mesa State CA Zip Code 92627

Purpose of Disbursement  
Phonebank Long Distance

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-44944**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Date of Disbursement

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

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-40940
Amount of Each Disbursement this Period
1819.22

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**B. Standard Data Services LLC**

Date of Disbursement

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

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-40940
Amount of Each Disbursement this Period
2513.61

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**C. Standard Data Services LLC**

Date of Disbursement

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

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-40940
Amount of Each Disbursement this Period
2365.57

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:	

Memo Item

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

6698.40
---------

**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 PAC**

Full Name (Last, First, Middle Initial)  
**A. Standard Data Services LLC**

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement Caging and Database Services  
Candidate Name

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

Date of Disbursement: 01 / 28 / 2021

FEC Identification Number: C  
Transaction ID : SB21B-40941  
Amount of Each Disbursement this Period: 4340.21

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Standard Data Services LLC**

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement Caging and Database Services  
Candidate Name

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

Date of Disbursement: 02 / 04 / 2021

FEC Identification Number: C  
Transaction ID : SB21B-40941  
Amount of Each Disbursement this Period: 5197.22

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Standard Data Services LLC**

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement Caging and Database Services  
Candidate Name

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

Date of Disbursement: 02 / 11 / 2021

FEC Identification Number: C  
Transaction ID : SB21B-40941  
Amount of Each Disbursement this Period: 5313.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14850.88

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-40941**

Amount of Each Disbursement this Period

4563.99
---------

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. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-40941**

Amount of Each Disbursement this Period

4049.92
---------

Memo Item

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**C. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-40941**

Amount of Each Disbursement this Period

9627.92
---------

Memo Item

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

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

18241.83
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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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

Category/  
Type

FEC Identification Number

**Transaction ID : SB21B-40942**  
Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

Category/  
Type

FEC Identification Number

**Transaction ID : SB21B-40942**  
Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

Category/  
Type

FEC Identification Number

**Transaction ID : SB21B-40942**  
Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

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

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

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Mailing Address 513 Mill Ave SE  
Suite 206

City  
New Philadelphia

State  
OH

Zip Code  
44663

Purpose of Disbursement  
Caging and Database Services

003

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  
04 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-41710

Amount of Each Disbursement this Period

2667.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. Standard Data Services LLC**

Mailing Address 513 Mill Ave SE  
Suite 206

City  
New Philadelphia

State  
OH

Zip Code  
44663

Purpose of Disbursement  
Caging and Database Services

003

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  
04 / 08 / 2021

FEC Identification Number

C

Transaction ID : SB21B-41713

Amount of Each Disbursement this Period

3018.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. Standard Data Services LLC**

Mailing Address 513 Mill Ave SE  
Suite 206

City  
New Philadelphia

State  
OH

Zip Code  
44663

Purpose of Disbursement  
Caging and Database Services

003

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  
04 / 15 / 2021

FEC Identification Number

C

Transaction ID : SB21B-41711

Amount of Each Disbursement this Period

913.58

Memo Item

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

6599.36

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41718
Amount of Each Disbursement this Period
2165.94

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:		

Memo Item

Full Name (Last, First, Middle Initial)

**B. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41721
Amount of Each Disbursement this Period
7961.79

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:		

Memo Item

Full Name (Last, First, Middle Initial)

**C. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-41721
Amount of Each Disbursement this Period
8044.17

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:		

Memo Item

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

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

18171.90
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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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-41726  
Amount of Each Disbursement this Period

5029.26
---------

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-41726  
Amount of Each Disbursement this Period

3502.26
---------

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-41726  
Amount of Each Disbursement this Period

2172.36
---------

Memo Item

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)..... ▶

10703.88
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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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-44940
Amount of Each Disbursement this Period
2165.64

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**B. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-44942
Amount of Each Disbursement this Period
2027.61

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**C. Standard Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2021

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-4494:
Amount of Each Disbursement this Period
1850.13

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:	

Memo Item

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

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

6043.38
---------

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Standard Data Services LLC**

Mailing Address 513 Mill Ave SE  
Suite 206

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Caging and Database Services

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-44945  
Amount of Each Disbursement this Period  
1369.99

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

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-40942  
Amount of Each Disbursement this Period  
849.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. United States Department of the Treasury**

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement  
Taxes

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-4094:  
Amount of Each Disbursement this Period  
42.00

Memo Item

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

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

2260.99

**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 PAC**

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

MM / DD / YYYY  
02 / 03 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-40943  
Amount of Each Disbursement this Period  
1343.90

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

MM / DD / YYYY  
02 / 17 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-40943  
Amount of Each Disbursement this Period  
480.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. United States Department of the Treasury**

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-4094:  
Amount of Each Disbursement this Period  
480.00

Memo Item

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

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

2303.90

**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 PAC**

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  
 03 / 17 / 2021

FEC Identification Number  
 C  
**Transaction ID : SB21B-40943**  
 Amount of Each Disbursement this Period  
 1035.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. United States Department of the Treasury**

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes  001 Category/Type

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2021

FEC Identification Number  
 C  
**Transaction ID : SB21B-40944**  
 Amount of Each Disbursement this Period  
 1304.60

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  
 04 / 14 / 2021

FEC Identification Number  
 C  
**Transaction ID : SB21B-41714**  
 Amount of Each Disbursement this Period  
 1304.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 3644.70

**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 PAC**

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  
Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 28 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-41720  
Amount of Each Disbursement this Period  
1035.50

Memo Item

Full Name (Last, First, Middle Initial)

### B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes  001  
Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 12 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-41723  
Amount of Each Disbursement this Period  
849.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes  001  
Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 26 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-4495;  
Amount of Each Disbursement this Period  
849.00

Memo Item

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

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

2733.50

# 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 PAC**

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 M	/	D D D	/	Y Y Y Y Y
06		09		2021

FEC Identification Number

C
Transaction ID : SB21B-44941
Amount of Each Disbursement this Period
1035.50

Memo Item

Full Name (Last, First, Middle Initial)

### B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001
Category/Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2021

FEC Identification Number

C
Transaction ID : SB21B-44944
Amount of Each Disbursement this Period
1035.50

Memo Item

Full Name (Last, First, Middle Initial)

### C. United States Postal Service

Mailing Address 4705 S Durango Dr #100

City Las Vegas State NV Zip Code 89147

Purpose of Disbursement Postage, Mailing Service

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
02		26		2021

FEC Identification Number

C
Transaction ID : SB21B-4094
Amount of Each Disbursement this Period
380.00

Memo Item

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

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

2451.00

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

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-41671**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

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-41672**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

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-41681**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Deposit Adjustment

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-41685**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

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-41687**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

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-41688**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

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

MM / DD / YYYY  
03 / 01 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B-41693**  
 Amount of Each Disbursement this Period  
 2143.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

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

MM / DD / YYYY  
03 / 11 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B-41699**  
 Amount of Each Disbursement this Period  
 329.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

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

MM / DD / YYYY  
04 / 02 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B-41711**  
 Amount of Each Disbursement this Period  
 1783.55

Memo Item

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

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

4256.42

**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Service Charge

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-41713**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Cashed / Deposited Item Retn Unpaid 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-41719**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Cashed / Deposited Item Retn Unpaid 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-41721**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Cashed / Deposited Item Retn Unpaid Fee

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 30 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-41722**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

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  
MM / DD / YYYY  
05 / 03 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-41728**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 11 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-41721**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

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-44939**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Service Charge

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-44941**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-4094**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40944**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40944**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40944**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40945**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40945**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-4094!**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40945**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40946**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-40944**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-40946**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 25 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-40946**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 01 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-41711**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-41713**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-41715**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-41711**  
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 PAC**

Full Name (Last, First, Middle Initial)

### A. Wired 4 Data

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

003

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
04		29		2021

FEC Identification Number

C

Transaction ID : SB21B-41721

Amount of Each Disbursement this Period

12090.13
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Memo Item

Full Name (Last, First, Middle Initial)

### B. Wired 4 Data

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

003

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
05		06		2021

FEC Identification Number

C

Transaction ID : SB21B-41728

Amount of Each Disbursement this Period

12215.23
----------

Memo Item

Full Name (Last, First, Middle Initial)

### C. Wired 4 Data

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

003

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
05		13		2021

FEC Identification Number

C

Transaction ID : SB21B-41721

Amount of Each Disbursement this Period

7637.02
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Memo Item

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

31942.38
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**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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-41726**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-41725**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-4494t**  
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 PAC**

Full Name (Last, First, Middle Initial)

**A. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-44942**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-44944**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wired 4 Data**

Mailing Address 55 Lake Havasu Ave South  
F-677

City Lake Havasu State AZ Zip Code 86403

Purpose of Disbursement  
Phonebank IT/Tech Support

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-4494!**  
Amount of Each Disbursement this Period

Memo Item

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

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