

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**
Americans for Police and Trooper Safety

ADDRESS (number and street) 4640 Admiralty Way Suite 500
Check if different than previously reported. (ACC) Marina del Rey CA 90292

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00656314 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

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

5. Covering Period [01] / [01] / [2019] through [03] / [31] / [2019]

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

Signature of Treasurer Kutac, Paul, , , [Electronically Filed] Date [08] / [22] / [2019]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Americans for Police and Trooper Safety

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		176505.30
(b) Cash on Hand at Beginning of Reporting Period.....	176505.30	
(c) Total Receipts (from Line 19)	520654.49	520654.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	697159.79	697159.79
7. Total Disbursements (from Line 31).....	370386.92	370386.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	326772.87	326772.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Americans for Police and Trooper Safety

Report Covering the Period: From: 01 / 01 / 2019 To: 03 / 31 / 2019

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8520.00	8520.00
(ii) Unitemized	512123.00	512123.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	520643.00	520643.00
(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)	520643.00	520643.00
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.).....	11.49	11.49
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)).....▶	520654.49	520654.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	520654.49	520654.49

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	332386.92	332386.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	332386.92	332386.92
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)	38000.00	38000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	370386.92	370386.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	370386.92	370386.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	520643.00	520643.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	520643.00	520643.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	332386.92	332386.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	332386.92	332386.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

A. Adkins, William J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5045 Royal Creek Ln

City Plano	State TX	Zip Code 75093
---------------	-------------	-------------------

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

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

Receipt For: 2020
 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		07		2019

Transaction ID : SA11Ai-CN194677

Amount of Each Receipt this Period
500.00

Memo Item

B. Aufenkamp, Joshua R, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 N 135th St

City Omaha	State NE	Zip Code 68154
---------------	-------------	-------------------

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

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

Receipt For: 2020
 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		14		2019

Transaction ID : SA11Ai-CN192756

Amount of Each Receipt this Period
300.00

Memo Item

C. Brooks, Ted, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 336 Conley Rd

City Ragley	State LA	Zip Code 70657
----------------	-------------	-------------------

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

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

Receipt For: 2020
 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
01		16		2019

Transaction ID : SA11Ai-CN197675

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 84
	<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)
Americans for Police and Trooper Safety

A. Carter, Ruby L, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 Sisson Ave Apt A12

City Hartford	State CT	Zip Code 06105
------------------	-------------	-------------------

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

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

Receipt For: 2020
 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
03		04		2019

Transaction ID : SA11Ai-CN202877

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 18 Field Point Rd Apt 3a

City Greenwich	State CT	Zip Code 06830
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2019

Transaction ID : SA11Ai-CN197332

Amount of Each Receipt this Period
430.00

Memo Item

C. Duncan, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1115 Robinhood Ln

City Woodville	State TX	Zip Code 75979
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 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
03		04		2019

Transaction ID : SA11Ai-CN201946

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 84
<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)
Americans for Police and Trooper Safety

A. Hernandez, Carlos, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7707 Timberlane Dr

City Pasadena	State TX	Zip Code 77505
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Effort Attempts	Occupation (for Individual) NURSE
-----------------------------------------------------------	--------------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2019

Transaction ID : SA11Ai-CN192040

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 10 Nixon Ln

City Stoneham	State MA	Zip Code 02180
------------------	-------------	-------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2019

Transaction ID : SA11Ai-CN204753

Amount of Each Receipt this Period
200.00

Memo Item

C. Kuchakulla, Sampurna, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11501 Covent Gardens Dr

City Bakersfield	State CA	Zip Code 93311
---------------------	-------------	-------------------

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

Name of Employer (for Individual) KB ORG	Occupation (for Individual) ANALYST
---------------------------------------------	----------------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2019

Transaction ID : SA11Ai-CN203984

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

A. Kuettner, Carol L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4936 Birch Lake Cir
 City Saint Paul State MN Zip Code 55110
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2020
 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 / 12 / 2019
Transaction ID : SA11Ai-CN193243
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Lourenzo, Ruben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Chesterfield Dr
 City Lewes State DE Zip Code 19958
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Attempts Occupation (for Individual) FOREMAN
 Receipt For: 2020
 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
 02 / 06 / 2019
Transaction ID : SA11Ai-CN195387
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. McCarthy, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 762 Celebration Ave Apt 101
 City Kissimmee State FL Zip Code 34747
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Infusion Capital Occupation (for Individual) BANKER
 Receipt For: 2020
 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
 02 / 12 / 2019
Transaction ID : SA11Ai-CN193509
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 10 OF 84
<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)
Americans for Police and Trooper Safety

A. Nilsen, Lars, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 Indigo Pt
 City Delray Beach State FL Zip Code 33483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2020
 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 / 14 / 2019
Transaction ID : SA11Ai-CN192721
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Nurmela, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6247 34th Pl E
 City Palmetto State FL Zip Code 34221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Effort Attempts Occupation (for Individual) Best Effort Attempts
 Receipt For: 2020
 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
 03 / 15 / 2019
Transaction ID : SA11Ai-CN192715
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Pak, Sean S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Beach Rd
 City Belvedere Tiburon State CA Zip Code 94920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAW FIRM Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 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
 02 / 11 / 2019
Transaction ID : SA11Ai-CN194225
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 84
<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)
Americans for Police and Trooper Safety

A. Praytor, Donna J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4353 Colfax Ave Unit 23
 City Studio City State CA Zip Code 91604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2020
 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
 02 / 11 / 2019
Transaction ID : SA11Ai-CN194227
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Pruett, Iva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9430 W 111th Ter
 City Overland Park State KS Zip Code 66210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2020
 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 / 04 / 2019
Transaction ID : SA11Ai-CN196265
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Pulse, Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 County Road 215
 City Walnut State MS Zip Code 38683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 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 / 05 / 2019
Transaction ID : SA11Ai-CN195681
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 84
<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)
Americans for Police and Trooper Safety

A. Ray, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 10th St Apt 216
 City Marrero State LA Zip Code 70072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2020
 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
 03 / 28 / 2019
Transaction ID : SA11Ai-CN201725
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. Rhoades, Brian L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49w020 Scott Rd
 City Big Rock State IL Zip Code 60511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COCA COLA CO Occupation (for Individual) Retired
 Receipt For: 2020
 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
 03 / 25 / 2019
Transaction ID : SA11Ai-CN205574
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Richards, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 712
 City Barberton State OH Zip Code 44203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KLE CONSTRUCTIONS Occupation (for Individual) CONSTRUCTION WORKER
 Receipt For: 2020
 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
 02 / 05 / 2019
Transaction ID : SA11Ai-CN195779
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 84
	<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)
Americans for Police and Trooper Safety

A. Ridge, Kim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 Sienna Ln

City Glassboro	State NJ	Zip Code 08028
-------------------	-------------	-------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2019

Transaction ID : SA11Ai-CN197745

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 2337 Wroxton Rd

City Houston	State TX	Zip Code 77005
-----------------	-------------	-------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2019

Transaction ID : SA11Ai-CN196431

Amount of Each Receipt this Period
230.00

Memo Item

C. Schneider, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2427 Allsborough Way

City Dacula	State GA	Zip Code 30019
----------------	-------------	-------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2019

Transaction ID : SA11Ai-CN195615

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	830.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Shapiro, Brian, , ,

Mailing Address 1000 Speer Blvd Apt 1127

City Denver	State CO	Zip Code 80204
----------------	-------------	-------------------

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

Name of Employer (for Individual) TL	Occupation (for Individual) COUNTY FAVOR
-----------------------------------------	---------------------------------------------

Receipt For: 2018
 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
02		06		2019

Transaction ID : SA11Ai-CN195204

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 416 Canterbury Dr

City Sierra Vista	State AZ	Zip Code 85635
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Effort Attempts	Occupation (for Individual) Best Effort Attempts
-----------------------------------------------------------	-----------------------------------------------------

Receipt For: 2018
 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
03		28		2019

Transaction ID : SA11Ai-CN192068

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Stanaj, Joseph, , ,

Mailing Address 21365 Goldsmith St

City Farmington	State MI	Zip Code 48335
--------------------	-------------	-------------------

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

Name of Employer (for Individual) DTS CONTRACTING	Occupation (for Individual) ESTIMATOR
------------------------------------------------------	------------------------------------------

Receipt For: 2018
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2019

Transaction ID : SA11Ai-CN197310

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Wilkins, Betsy E, , ,

Mailing Address 20475 E Walnut Dr

City Linden State CA Zip Code 95236

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

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

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 03 / 2019
Transaction ID : SA11Ai-CN198713

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	8520.00

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial) A. Dierks, David, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2019	
Mailing Address P O Box 5339		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX218 Amount of Each Disbursement this Period 5000.00 Research Consulting	
City Santa Monica	State CA	Zip Code 90409	Category/ Type 001
Purpose of Disbursement Research Consulting			
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. Dierks, David, , ,		Date of Disbursement MM / DD / YYYY 01 / 29 / 2019	
Mailing Address P O Box 5339		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX218 Amount of Each Disbursement this Period 5000.00 Research Consulting	
City Santa Monica	State CA	Zip Code 90409	Category/ Type 001
Purpose of Disbursement Research Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Dierks, David, , ,		Date of Disbursement MM / DD / YYYY 02 / 14 / 2019	
Mailing Address P O Box 5339		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX218 Amount of Each Disbursement this Period 5000.00 Research Consulting	
City Santa Monica	State CA	Zip Code 90409	Category/ Type 001
Purpose of Disbursement Research Consulting			
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).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Kutac, Paul D., , ,

Mailing Address 9903 Santa Monica Blvd Suite 190

City
Beverly Hills

State
CA

Zip Code
90212

Purpose of Disbursement
Accounting and Administration

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	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX214

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Accounting and Administration

Memo Item

Full Name (Last, First, Middle Initial)

B. Kutac, Paul D., , ,

Mailing Address 9903 Santa Monica Blvd Suite 190

City
Beverly Hills

State
CA

Zip Code
90212

Purpose of Disbursement
Accounting Services

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	2		0	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX224

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Accounting Services

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services Llc

Mailing Address 2522 W 41st Steet #180

City
Sioux Falls

State
SD

Zip Code
57105

Purpose of Disbursement
Technical/Computer Support

003

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		1	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX21:

Amount of Each Disbursement this Period

[REDACTED] 3375.68

Technical/Computer Support

Memo Item

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

[REDACTED] 9375.68

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)
Americans for Police and Trooper Safety

A. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period: 6005.28

Technical/Computer Support

Memo Item

B. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period: 4314.08

Technical/Computer Support

Memo Item

C. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period: 7053.12

Technical/Computer Support

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	17372.48
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

A. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 02 / 06 / 2019

FEC Identification Number C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period 3862.88

Technical/Computer Support

Memo Item

B. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 02 / 15 / 2019

FEC Identification Number C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period 5320.96

Technical/Computer Support

Memo Item

C. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 02 / 21 / 2019

FEC Identification Number C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period 21466.40

Technical/Computer Support

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30650.24

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)
Americans for Police and Trooper Safety

A. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period: 12301.12

Technical/Computer Support

Memo Item

B. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period: 12979.36

Technical/Computer Support

Memo Item

C. American Technology Services Llc

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Technical/Computer Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period: 9486.08

Technical/Computer Support

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	34766.56
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)
A. American Technology Services Llc

Mailing Address 2522 W 41st Steet #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement
Technical/Computer Support

003
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX214

Amount of Each Disbursement this Period

[REDACTED] 7116.16

Technical/Computer Support

Memo Item

Full Name (Last, First, Middle Initial)
B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Authorize.net gateway fee

003
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX216

Amount of Each Disbursement this Period

[REDACTED] 184.50

Authorize.net gateway fee

Memo Item

Full Name (Last, First, Middle Initial)
C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Authorize.net gateway fee

003
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX21:

Amount of Each Disbursement this Period

[REDACTED] 308.80

Authorize.net gateway fee

Memo Item

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

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

7609.46
[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)
Americans for Police and Trooper Safety

A. Barrister Executive Suites

Full Name (Last, First, Middle Initial)

Mailing Address 4640 Admiralty Way Suite 500

City Marina Del Rey State CA Zip Code 90290

Purpose of Disbursement
Occupancy 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 01 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX21f

Amount of Each Disbursement this Period: 249.00

Occupancy

Memo Item

B. Barrister Executive Suites

Full Name (Last, First, Middle Initial)

Mailing Address 4640 Admiralty Way Suite 500

City Marina Del Rey State CA Zip Code 90290

Purpose of Disbursement
Occupancy 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 02 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX216

Amount of Each Disbursement this Period: 249.00

Occupancy

Memo Item

C. Barrister Executive Suites

Full Name (Last, First, Middle Initial)

Mailing Address 4640 Admiralty Way Suite 500

City Marina Del Rey State CA Zip Code 90290

Purpose of Disbursement
Occupancy 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 03 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX21i

Amount of Each Disbursement this Period: 249.00

Occupancy

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 747.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Blank Rome Llp

Mailing Address One Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Legal 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-EX216
Amount of Each Disbursement this Period

Legal fees
 Memo Item

Full Name (Last, First, Middle Initial)

B. Blank Rome Llp

Mailing Address One Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Legal 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-EX216
Amount of Each Disbursement this Period

Legal fees
 Memo Item

Full Name (Last, First, Middle Initial)

C. Button Pusher Productions

Mailing Address 509 E Via Colusa

City Palm Springs State CA Zip Code 92262

Purpose of Disbursement
Advertising expense

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-EX216
Amount of Each Disbursement this Period

Advertising expense
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial) A. Button Pusher Productions		Date of Disbursement MM / DD / YYYY 01 / 07 / 2019	
Mailing Address 509 E Via Colusa		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX217	
City Palm Springs	State CA	Zip Code 92262	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Advertising expense		Category/ Type 004	Advertising expense
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. Button Pusher Productions		Date of Disbursement MM / DD / YYYY 01 / 29 / 2019	
Mailing Address 509 E Via Colusa		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX216	
City Palm Springs	State CA	Zip Code 92262	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Advertising expense		Category/ Type 004	Advertising expense
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) C. Button Pusher Productions		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019	
Mailing Address 509 E Via Colusa		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX211	
City Palm Springs	State CA	Zip Code 92262	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Advertising expense		Category/ Type 004	Advertising expense
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	23000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial) A. Button Pusher Productions			Date of Disbursement MM / DD / YYYY 03 / 12 / 2019		
Mailing Address 509 E Via Colusa			FEC Identification Number C [] Transaction ID : SB21b-EX21f Amount of Each Disbursement this Period [] 5000.00 Advertising expense <input type="checkbox"/> Memo Item		
City Palm Springs	State CA	Zip Code 92262	Category/Type 004		
Purpose of Disbursement Advertising expense		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. Button Pusher Productions			Date of Disbursement MM / DD / YYYY 03 / 31 / 2019		
Mailing Address 509 E Via Colusa			FEC Identification Number C [] Transaction ID : SB21b-EX236 Amount of Each Disbursement this Period [] - 9500.00 Advertising expense <input type="checkbox"/> Memo Item		
City Palm Springs	State CA	Zip Code 92262	Category/Type 004		
Purpose of Disbursement Advertising expense		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) C. Button Pusher Productions			Date of Disbursement MM / DD / YYYY 03 / 31 / 2019		
Mailing Address 509 E Via Colusa			FEC Identification Number C [] Transaction ID : SB21b-EX23i Amount of Each Disbursement this Period [] - 9500.00 Advertising expense <input type="checkbox"/> Memo Item		
City Palm Springs	State CA	Zip Code 92262	Category/Type 004		
Purpose of Disbursement Advertising expense		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] - 14000.00		
TOTAL This Period (last page this line number only)..... ▶			[]		

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

A. Button Pusher Productions

Full Name (Last, First, Middle Initial)

Mailing Address 509 E Via Colusa

City Palm Springs State CA Zip Code 92262

Purpose of Disbursement Advertising expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX23f

Amount of Each Disbursement this Period: - 9500.00

Advertising expense

Memo Item

B. Button Pusher Productions

Full Name (Last, First, Middle Initial)

Mailing Address 509 E Via Colusa

City Palm Springs State CA Zip Code 92262

Purpose of Disbursement Advertising expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX236

Amount of Each Disbursement this Period: - 9500.00

Advertising expense

Memo Item

C. Compliance Consultants Llc

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX21i

Amount of Each Disbursement this Period: 4791.13

Compliance Services

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ - 14208.87

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
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
01 / 18 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX21f
Amount of Each Disbursement this Period
8523.74

Memo Item Compliance Services

Full Name (Last, First, Middle Initial)

B. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
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
01 / 24 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX21f
Amount of Each Disbursement this Period
6123.30

Memo Item Compliance Services

Full Name (Last, First, Middle Initial)

C. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
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
02 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX21f
Amount of Each Disbursement this Period
10010.80

Memo Item Compliance Services

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

24657.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX217
Amount of Each Disbursement this Period
5482.88

Memo Item Compliance Services

Full Name (Last, First, Middle Initial)

B. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX217
Amount of Each Disbursement this Period
7552.21

Memo Item Compliance Services

Full Name (Last, First, Middle Initial)

C. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX217
Amount of Each Disbursement this Period
30468.42

Memo Item Compliance Services

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

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

43503.51

**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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX217
Amount of Each Disbursement this Period
17459.68

Memo Item
Compliance Services

Full Name (Last, First, Middle Initial)

B. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX217
Amount of Each Disbursement this Period
18422.35

Memo Item
Compliance Services

Full Name (Last, First, Middle Initial)

C. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Compliance Services

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX217
Amount of Each Disbursement this Period
13464.08

Memo Item
Compliance Services

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

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

49346.11

**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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Compliance Consultants Llc

Mailing Address 270 Cobb Pkway South #140

City Marietta State GA Zip Code 30060

Purpose of Disbursement Compliance 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
03 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX217
Amount of Each Disbursement this Period
10100.27

Compliance Services
 Memo Item

Full Name (Last, First, Middle Initial)

B. Fedex

Mailing Address 942 South Shady Grove Rd

City Memphis State TN Zip Code 38120

Purpose of Disbursement Postage and Shipping

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX218
Amount of Each Disbursement this Period
63.54

Postage and Shipping
 Memo Item

Full Name (Last, First, Middle Initial)

C. Fedex

Mailing Address 942 South Shady Grove Rd

City Memphis State TN Zip Code 38120

Purpose of Disbursement Postage and Shipping

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX211
Amount of Each Disbursement this Period
42.87

Postage and Shipping
 Memo Item

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

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

10206.68

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial) A. Fedex		Date of Disbursement MM / DD / YYYY 01 / 30 / 2019	
Mailing Address 942 South Shady Grove Rd		FEC Identification Number C [REDACTED]	
City Memphis	State TN	Zip Code 38120	Transaction ID : SB21b-EX218
Purpose of Disbursement Postage and Shipping		Category/ Type 003	Amount of Each Disbursement this Period 72.61
Candidate Name		Postage and Shipping	
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. Fedex		Date of Disbursement MM / DD / YYYY 02 / 19 / 2019	
Mailing Address 942 South Shady Grove Rd		FEC Identification Number C [REDACTED]	
City Memphis	State TN	Zip Code 38120	Transaction ID : SB21b-EX218
Purpose of Disbursement Postage and Shipping		Category/ Type 003	Amount of Each Disbursement this Period 131.92
Candidate Name		Postage and Shipping	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Hp.com		Date of Disbursement MM / DD / YYYY 01 / 14 / 2019	
Mailing Address 3000 Hanover St		FEC Identification Number C [REDACTED]	
City Palo Alto	State CA	Zip Code 94304	Transaction ID : SB21b-EX218
Purpose of Disbursement Office supplies		Category/ Type 001	Amount of Each Disbursement this Period 422.09
Candidate Name		Office supplies	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	626.62
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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX22:

Amount of Each Disbursement this Period

[REDACTED] 268.75

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX22:

Amount of Each Disbursement this Period

[REDACTED] 0.25

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX22:

Amount of Each Disbursement this Period

[REDACTED] 41.67

NorthAmerican Bankcard fee

Memo Item

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

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

[REDACTED] 310.67

[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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2019

FEC Identification Number

C

Transaction ID : SB21b-EX22:

Amount of Each Disbursement this Period

0.25

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2019

FEC Identification Number

C

Transaction ID : SB21b-EX22:

Amount of Each Disbursement this Period

162.73

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2019

FEC Identification Number

C

Transaction ID : SB21b-EX22:

Amount of Each Disbursement this Period

0.25

NorthAmerican Bankcard fee

Memo Item

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

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

163.23

**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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22:
 Amount of Each Disbursement this Period

Memo Item NorthAmerican Bankcard fee

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22:
 Amount of Each Disbursement this Period

Memo Item NorthAmerican Bankcard fee

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22:
 Amount of Each Disbursement this Period

Memo Item NorthAmerican Bankcard fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial) A. North American Bankcard		Date of Disbursement MM / DD / YYYY 01 / 21 / 2019
Mailing Address 9525 Nacimiento Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX222
City Paso Robles	State CA	Zip Code 93446
Purpose of Disbursement NorthAmerican Bankcard fee		Amount of Each Disbursement this Period 97.11
Candidate Name		Category/Type 003
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. North American Bankcard		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019
Mailing Address 9525 Nacimiento Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX222
City Paso Robles	State CA	Zip Code 93446
Purpose of Disbursement NorthAmerican Bankcard fee		Amount of Each Disbursement this Period 99.67
Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. North American Bankcard		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019
Mailing Address 9525 Nacimiento Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX222
City Paso Robles	State CA	Zip Code 93446
Purpose of Disbursement NorthAmerican Bankcard fee		Amount of Each Disbursement this Period 0.25
Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	197.03
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)
Americans for Police and Trooper Safety

A. North American Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement NorthAmerican Bankcard fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX222

Amount of Each Disbursement this Period: 36.17

NorthAmerican Bankcard fee

Memo Item

B. North American Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement NorthAmerican Bankcard fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX222

Amount of Each Disbursement this Period: 0.25

NorthAmerican Bankcard fee

Memo Item

C. North American Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement NorthAmerican Bankcard fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21b-EX222

Amount of Each Disbursement this Period: 25.65

NorthAmerican Bankcard fee

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 62.07

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 24 / 2019

FEC Identification Number

Transaction ID : SB21b-EX222
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 25 / 2019

FEC Identification Number

Transaction ID : SB21b-EX222
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 25 / 2019

FEC Identification Number

Transaction ID : SB21b-EX222
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
01 / 26 / 2019

FEC Identification Number

Transaction ID : SB21b-EX221
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
01 / 26 / 2019

FEC Identification Number

Transaction ID : SB21b-EX222
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
01 / 27 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX221
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX221
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX221
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee

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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX221
 Amount of Each Disbursement this Period

 NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX221
 Amount of Each Disbursement this Period

 NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX221
 Amount of Each Disbursement this Period

 NorthAmerican Bankcard fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial) A. North American Bankcard		Date of Disbursement MM / DD / YYYY 02 / 01 / 2019
Mailing Address 9525 Nacimiento Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX221
City Paso Robles	State CA	Zip Code 93446
Purpose of Disbursement NorthAmerican Bankcard fee		Amount of Each Disbursement this Period 37.82
Candidate Name		NorthAmerican Bankcard fee
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:	Category/Type 003	

Full Name (Last, First, Middle Initial) B. North American Bankcard		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address 9525 Nacimiento Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX220
City Paso Robles	State CA	Zip Code 93446
Purpose of Disbursement NorthAmerican Bankcard fee		Amount of Each Disbursement this Period 0.25
Candidate Name		NorthAmerican Bankcard fee
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:	Category/Type 003	

Full Name (Last, First, Middle Initial) C. North American Bankcard		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address 9525 Nacimiento Lake Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX221
City Paso Robles	State CA	Zip Code 93446
Purpose of Disbursement NorthAmerican Bankcard fee		Amount of Each Disbursement this Period 0.25
Candidate Name		NorthAmerican Bankcard fee
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:	Category/Type 003	

SUBTOTAL of Disbursements This Page (optional).....▶	38.32
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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2019

FEC Identification Number

C

Transaction ID : SB21b-EX22t

Amount of Each Disbursement this Period

0.25

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2019

FEC Identification Number

C

Transaction ID : SB21b-EX22t

Amount of Each Disbursement this Period

1.84

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2019

FEC Identification Number

C

Transaction ID : SB21b-EX22t

Amount of Each Disbursement this Period

110.23

NorthAmerican Bankcard fee

Memo Item

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

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

112.32

**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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX22t
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX22t
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

003
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX22t
Amount of Each Disbursement this Period

NorthAmerican Bankcard fee

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)
Americans for Police and Trooper Safety

A. North American Bankcard

Full Name (Last, First, Middle Initial)
Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement NorthAmerican Bankcard fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 08 / 2019

FEC Identification Number: C
Transaction ID : SB21b-EX22t
Amount of Each Disbursement this Period: 122.42
NorthAmerican Bankcard fee
 Memo Item

B. North American Bankcard

Full Name (Last, First, Middle Initial)
Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement NorthAmerican Bankcard fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 14 / 2019

FEC Identification Number: C
Transaction ID : SB21b-EX22t
Amount of Each Disbursement this Period: 356.86
NorthAmerican Bankcard fee
 Memo Item

C. North American Bankcard

Full Name (Last, First, Middle Initial)
Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement NorthAmerican Bankcard fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 26 / 2019

FEC Identification Number: C
Transaction ID : SB21b-EX22t
Amount of Each Disbursement this Period: 25.00
NorthAmerican Bankcard fee
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 504.28

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX219
 Amount of Each Disbursement this Period

 NorthAmerican Bankcard fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX219
 Amount of Each Disbursement this Period

 NorthAmerican Bankcard fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. North American Bankcard

Mailing Address 9525 Nacimiento Lake Dr

City Paso Robles State CA Zip Code 93446

Purpose of Disbursement
NorthAmerican Bankcard fee

Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX219
 Amount of Each Disbursement this Period

 NorthAmerican Bankcard fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

003
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
 01 / 11 / 2019

FEC Identification Number
 C
Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period
 1634.10

Database services
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

003
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
 01 / 18 / 2019

FEC Identification Number
 C
Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period
 2905.50

Database services
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

003
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
 01 / 24 / 2019

FEC Identification Number
 C
Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period
 2086.50

Database services
 Memo Item

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

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

6626.10

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

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		01		2019

FEC Identification Number

Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period

 Database services

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

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		06		2019

FEC Identification Number

Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period

 Database services

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

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		15		2019

FEC Identification Number

Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period

 Database services

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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

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		2	1		2	0	1	9

FEC Identification Number

Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period

 Database services

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

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		2	8		2	0	1	9

FEC Identification Number

Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period

 Database services

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database services

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	3		0	8		2	0	1	9

FEC Identification Number

Transaction ID : SB21b-EX225
 Amount of Each Disbursement this Period

 Database services

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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database 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
03 / 14 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX22
Amount of Each Disbursement this Period
4590.30
Database services

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 2223 S. Highland Drive #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Database 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
03 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX224
Amount of Each Disbursement this Period
3443.70
Database services

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

003
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX23
Amount of Each Disbursement this Period
57.31
Unified Payments processing fee

Memo Item

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

8091.31

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

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
01		08		2019

FEC Identification Number

C
Transaction ID : SB21b-EX234
Amount of Each Disbursement this Period
26.68
Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

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
01		09		2019

FEC Identification Number

C
Transaction ID : SB21b-EX234
Amount of Each Disbursement this Period
49.57
Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

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
01		10		2019

FEC Identification Number

C
Transaction ID : SB21b-EX234
Amount of Each Disbursement this Period
2.24
Unified Payments processing fee

Memo Item

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

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

78.49

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 10 / 2019

FEC Identification Number

Transaction ID : SB21b-EX234
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 11 / 2019

FEC Identification Number

Transaction ID : SB21b-EX234
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 14 / 2019

FEC Identification Number

Transaction ID : SB21b-EX234
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)

Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City
North Miami Beach

State
FL

Zip Code
33160

Purpose of Disbursement
Unified Payments processing fee

003

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	8		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21b-EX234

Amount of Each Disbursement this Period

1	5	2
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Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City
North Miami Beach

State
FL

Zip Code
33160

Purpose of Disbursement
Unified Payments processing fee

003

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	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21b-EX234

Amount of Each Disbursement this Period

0	3	2
---	---	---

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City
North Miami Beach

State
FL

Zip Code
33160

Purpose of Disbursement
Unified Payments processing fee

003

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	1	9

FEC Identification Number

C

Transaction ID : SB21b-EX234

Amount of Each Disbursement this Period

2	1	4	.	2	2
---	---	---	---	---	---

Unified Payments processing fee

Memo Item

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

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

2	1	6	.	0	6
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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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 01 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23:
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23:
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 07 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23:
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX233
 Amount of Each Disbursement this Period

 Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX233
 Amount of Each Disbursement this Period

 Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX233
 Amount of Each Disbursement this Period

 Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX23:
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX23:
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX23:
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee 003 Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX23z
Amount of Each Disbursement this Period
1.06
Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee 003 Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX23z
Amount of Each Disbursement this Period
344.58
Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee 003 Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2019

FEC Identification Number

C
Transaction ID : SB21b-EX23z
Amount of Each Disbursement this Period
262.53
Unified Payments processing fee

Memo Item

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

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

608.17

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 14 / 2019

FEC Identification Number

Transaction ID : SB21b-EX232
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

Transaction ID : SB21b-EX232
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 18 / 2019

FEC Identification Number

Transaction ID : SB21b-EX232
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX232
 Amount of Each Disbursement this Period

 Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX232
 Amount of Each Disbursement this Period

 Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Transaction ID : SB21b-EX232
 Amount of Each Disbursement this Period

 Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
02 / 20 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX23z
Amount of Each Disbursement this Period
0.86
Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX231
Amount of Each Disbursement this Period
140.15
Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX23;
Amount of Each Disbursement this Period
2.98
Unified Payments processing fee
 Memo Item

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

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

143.99

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee 003 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
 02 / 22 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX231
 Amount of Each Disbursement this Period
 39.34
 Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee 003 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
 02 / 22 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX231
 Amount of Each Disbursement this Period
 0.76
 Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee 003 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
 02 / 23 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX231
 Amount of Each Disbursement this Period
 2.16
 Unified Payments processing fee
 Memo Item

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

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

42.26

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2019

FEC Identification Number

Transaction ID : SB21b-EX231
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2019

FEC Identification Number

Transaction ID : SB21b-EX231
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2019

FEC Identification Number

Transaction ID : SB21b-EX231
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2019

FEC Identification Number

Transaction ID : SB21b-EX231
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 27 / 2019

FEC Identification Number

Transaction ID : SB21b-EX231
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 27 / 2019

FEC Identification Number

Transaction ID : SB21b-EX231
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23c
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number

Transaction ID : SB21b-EX230
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23i
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX23c
Amount of Each Disbursement this Period

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX230
Amount of Each Disbursement this Period

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX23i
Amount of Each Disbursement this Period

Unified Payments processing fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23c
Amount of Each Disbursement this Period

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23c
Amount of Each Disbursement this Period

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 05 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23c
Amount of Each Disbursement this Period

Unified Payments processing fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX23c
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX229
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22:
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 07 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22!
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 08 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22!
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 08 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22!
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

003
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2019

FEC Identification Number
C

Transaction ID : SB21b-EX22

Amount of Each Disbursement this Period
112.68

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

003
Category/ Type

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:	

Date of Disbursement

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

FEC Identification Number
C

Transaction ID : SB21b-EX22

Amount of Each Disbursement this Period
0.42

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

003
Category/ Type

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:	

Date of Disbursement

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

FEC Identification Number
C

Transaction ID : SB21b-EX22

Amount of Each Disbursement this Period
194.81

Unified Payments processing fee

Memo Item

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

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

307.91

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2019

FEC Identification Number

Transaction ID : SB21b-EX229
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22:
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX228
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22i
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
03 / 18 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period
2.18
Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
03 / 18 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX228
Amount of Each Disbursement this Period
323.83
Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
03 / 19 / 2019

FEC Identification Number
C
Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period
2.38
Unified Payments processing fee
 Memo Item

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

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

328.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
03 / 19 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
03 / 20 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
03 / 20 / 2019

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2019

FEC Identification Number

Transaction ID : SB21b-EX227
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number

Transaction ID : SB21b-EX227
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number

Transaction ID : SB21b-EX227
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number

Transaction ID : SB21b-EX227
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2019

FEC Identification Number

Transaction ID : SB21b-EX227
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 25 / 2019

FEC Identification Number

Transaction ID : SB21b-EX227
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX227
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX226
Amount of Each Disbursement this Period

Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX221
Amount of Each Disbursement this Period

Unified Payments processing fee
 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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX226
Amount of Each Disbursement this Period

Unified Payments processing fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22i
Amount of Each Disbursement this Period

Unified Payments processing fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX226
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

Full Name (Last, First, Middle Initial)

C. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22i
Amount of Each Disbursement this Period

Memo Item Unified Payments processing fee

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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

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
03		30		2019

FEC Identification Number
C
Transaction ID : SB21b-EX22f
Amount of Each Disbursement this Period
111.68
Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Payments

Mailing Address 3363 NE 163rd Suite 705

City North Miami Beach State FL Zip Code 33160

Purpose of Disbursement
Unified Payments processing fee

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
03		31		2019

FEC Identification Number
C
Transaction ID : SB21b-EX226
Amount of Each Disbursement this Period
1665.70
Unified Payments processing fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. United States Postal Service

Mailing Address 313 Grand Blvd

City Los Angeles State CA Zip Code 90291

Purpose of Disbursement
Postage and Shipping

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
03		08		2019

FEC Identification Number
C
Transaction ID : SB21b-EX23:
Amount of Each Disbursement this Period
452.00
Postage and Shipping
 Memo Item

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

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

2229.38

**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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement MM / DD / YYYY 03 / 21 / 2019	
Mailing Address 313 Grand Blvd		FEC Identification Number C [REDACTED]	
City Los Angeles	State CA	Zip Code 90291	Transaction ID : SB21b-EX23i
Purpose of Disbursement Postage and Shipping	Category/Type 001		Amount of Each Disbursement this Period 7.35
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Postage and Shipping

Full Name (Last, First, Middle Initial) B. Usbank		Date of Disbursement MM / DD / YYYY 01 / 15 / 2019	
Mailing Address P O Box 1800		FEC Identification Number C [REDACTED]	
City St. Paul	State MN	Zip Code 55101	Transaction ID : SB21b-EX236
Purpose of Disbursement Bank fees	Category/Type 001		Amount of Each Disbursement this Period 6698.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Bank fees

Full Name (Last, First, Middle Initial) C. Usbank		Date of Disbursement MM / DD / YYYY 02 / 14 / 2019	
Mailing Address P O Box 1800		FEC Identification Number C [REDACTED]	
City St. Paul	State MN	Zip Code 55101	Transaction ID : SB21b-EX23i
Purpose of Disbursement Bank fees	Category/Type 001		Amount of Each Disbursement this Period 56.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Bank fees

SUBTOTAL of Disbursements This Page (optional).....▶	6761.35
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)
Americans for Police and Trooper Safety

Full Name (Last, First, Middle Initial)

A. Usbank

Mailing Address P O Box 1800

City St. Paul State MN Zip Code 55101

Purpose of Disbursement
Bank fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 14 / 2019

FEC Identification Number

Transaction ID : SB21b-EX23!
Amount of Each Disbursement this Period

Bank fees

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 82 OF 84
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kutac, Paul D., , ,			Nature of Debt (Purpose): Invoice: Accounting and Administration A
Mailing Address 9903 Santa Monica Blvd Suite 190			
City Beverly Hills	State CA	Zip Code 90212	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : SD10-INV2058	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blank Rome Llp			Nature of Debt (Purpose): Invoice: Legal fees Administrative/Salar
Mailing Address 1825 Eye Street NW			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="163.00"/>	Transaction ID : SD10-INV2057	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="163.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety
FEC IDENTIFICATION NUMBER
C C00656314

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Button Pusher Productions
Mailing Address
509 E Via Colusa
City
Palm Springs State
CA Zip Code
92262
Purpose of Expenditure
Political Advertising Category/
Type
004

Date of Public Distribution/Dissemination
03 / 31 / 2019
Amount
9500.00
Transaction ID : SE24-EXP2363
Date of Disbursement or Obligation
03 / 31 / 2019

Name of Federal Candidate:
Rutherford, John, , ,
Support
Oppose
Office Sought:
House
Senate
District: 04
State: FL

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Button Pusher Productions
Mailing Address
509 E Via Colusa
City
Palm Springs State
CA Zip Code
92262
Purpose of Expenditure
Political Advertising Category/
Type
004

Date of Public Distribution/Dissemination
03 / 31 / 2019
Amount
9500.00
Transaction ID : SE24-EXP2365
Date of Disbursement or Obligation
03 / 31 / 2019

Name of Federal Candidate:
Demings, Valdez Val, , ,
Support
Oppose
Office Sought:
House
Senate
District: 10
State: FL

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 19000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kutac, Paul, , ,

[Electronically Filed]

Date 04 / 15 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Americans for Police and Trooper Safety
FEC IDENTIFICATION NUMBER
C C00656314

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Button Pusher Productions
Mailing Address
509 E Via Colusa
City
Palm Springs State
CA Zip Code
92262
Purpose of Expenditure
Political Advertising Category/
Type
004

Date of Public Distribution/Dissemination
03 / 31 / 2019
Amount
9500.00
Transaction ID : SE24-EXP2367
Date of Disbursement or Obligation
03 / 31 / 2019

Name of Federal Candidate:
Spanberger, Abigail, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
9500.00

Office Sought:
House
Senate
District: 07
State: VA
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Button Pusher Productions
Mailing Address
509 E Via Colusa
City
Palm Springs State
CA Zip Code
92262
Purpose of Expenditure
Political Advertising Category/
Type
004

Date of Public Distribution/Dissemination
03 / 31 / 2019
Amount
9500.00
Transaction ID : SE24-EXP2369
Date of Disbursement or Obligation
03 / 31 / 2019

Name of Federal Candidate:
HURD, WILL, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
9500.00

Office Sought:
House
Senate
District: 23
State: TX
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 19000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 38000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: Kutac, Paul, , [Electronically Filed] Date: 04 / 15 / 2019