04/16/2024 21 : 55

PAGE 1 / 55

FEC FORM 3X	AND	ORT OF R DISBURS	EMENTS	S	Office U	se Only
1. NAME OF COMMITTEE (in f		R PRINT ▼	Example: If typin over the lines.	ig, type	2FE4M5	
	ERICA'S POI					
ADDRESS (number and		I STREET, NW				
▼ Check if diffe	rent	E 400				
than previous reported. (AC	ly was				DC 20005	
2. FEC IDENTIFICA	TION NUMBER			STA		ZIP CODE
С сооттзээс		3. IS T REP		IEW N) OR	AMENDED (A)	
4. TYPE OF REP (Choose One) (a) Quarterly Rep April 15 Ouerterly	orts:	Monthly Report Due On: Apr 20	(M3) J	May 20 (M5) un 20 (M6) ul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October - Quarterly	Report (Q3)	:) 12-Day PRE-Election Report for the:	Primary (12P) Convention (1	12C)	General (12G) Special (12S)	Runoff (12R)
January 3 Year-End	B1 Report (YE)	Election c				State of
Year Only	lon-election /) (MY)	d) 30-Day POST-Election Report for the:	General (30G	i)	Runoff (30R)	Special (30S)
(TER)	on Report	Election c	n/	D D / Y	YYYY	in the State of
5. Covering Period	03 / C	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	03/	D D / Y Y 31 202	24
I certify that I have ex Type or Print Name of	CAP	rt and to the best of my PLEMAN, OLIVER, , ,	knowledge and b	oelief it is true,	correct and comple	te.
Signature of Treasurer	CAPPLEMAN,	OLIVER, , ,		Date	04 / D	D / Y Y Y Y 2024
NOTE: Submission of fa	llse, erroneous, or	incomplete information m	ay subject the pers	on signing this I	Report to the penalti	es of 52 U.S.C. § 3010
Office Use Only						FORM 3X

6.

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SUMMADY DACE

I	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or	Type Committee Name		
SUPI	PORT AMERICA'S POLICE	PAC	
Report (Covering the Period: From:	03 / 01 / Y Y Y Y 2024 To	: 03 / D D / Y Y Y 31 2024
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) (Cash on Hand January 1, 2024		39410.70
()	Cash on Hand at Beginning of Reporting Period	41108.53	
(c)	Total Receipts (from Line 19)	48330.00	145949.20
(Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89438.53	185359.90
. Total	Disbursements (from Line 31)	56340.76	152262.13
Repo	on Hand at Close of rting Period ract Line 7 from Line 6(d))	33097.77	33097.77
the C	s and Obligations Owed TO committee (Itemize all on dule C and/or Schedule D)	0.00	
the C	s and Obligations Owed BY committee (Itemize all on dule C and/or Schedule D)	5702.49	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

Page 3

145949.20

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SUPPORT AMERICA'S POLICE PAC

Report Covering the Period: From: 03	1 01 2024 To	b: 03 / 03 / 2024
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	2510.00	6045.00
(i) Itemized (use Schedule A)	2310.00	6045.00
	45820.00	139904.20
(ii) Unitemized	43620.00	133304.20
(iii) TOTAL (add	48330.00	145949.20
Lines 11(a)(i) and (ii)	48330.00	
	0.00	0.00
(b) Political Party Committees		
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	48330.00	145949.20
Transfers From Affiliated/Other	47. 47. 48.	
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Lean Denovmente Deseived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
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
	47. 47. 44.	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),	10000.00	145040.00
12, 13, 14, 15, 16, 17, and 18(c))▶	48330.00	145949.20

48330.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)		Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	51675.10	129317.25		
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	51675.10	129317.25		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	4665.66	22494.88		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	450.00		
(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	450.00		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	41 41 41			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	56340.76	152262.13		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	56340.76	152262.13		

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
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III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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COLUMN B

Calendar Year-to-Date

129317.25

Page 5

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Form/Schedule: F3XN Transaction ID :

> BEST EFFORTS PRACTICES - C00773390 1. Initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they 2. Secondarily, if employer/occupation information was still not provided within the mail back their contribution. above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone send back. call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor. 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule: F3XN Transaction ID:

The incoming debt from the prior period includes Schedule E Estimated amounts. Now that the Schedule E Estimates have been resolved to their actual value, we have adjusted our Schedule D opening balance accordingly.

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

55

		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
	CE PAC		
Full Name of Individual (Last, First, Middle I A. CLARK, THOMAS L., , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 2735 S WAGNER RD UNIT 83			03 04 2024
City	State	Zip Code	Transaction ID : SA11AI-30823455
ANN ARBOR	MI	48103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) RETIRED		upation (for Individual) FIRED	Memo Item
Receipt For:	Aggrogato	Year-to-Date ▼	
Primary General	Aggregate		
Other (specify)		400.00]
Full Name of Individual (Last, First, Middle I B. CLARK, THOMAS L., , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 2735 S WAGNER RD UNIT 83			03 / D D / Y Y Y Y 2024
City	State	Zip Code	Transaction ID : SA11AI-30822331
ANN ARBOR	MI	48103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
RETIRED	RE	TIRED	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		400.00	1
Other (specify) v		400.00	1
Full Name of Individual (Last, First, Middle I C. FRYE, NANCY, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 405 W LINCOLN ST			
APT 2	1		03 28 2024
City	State	Zip Code	Transaction ID : SA11AI-30823533
DANVILLE	IN	46122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) RETIRED		upation (for Individual) IRED	Memo Item
Receipt For:	Annrenate	Year-to-Date ▼	
Primary General Other (specify)	Aggregate	330.00	1
SUBTOTAL of Receipts This Page (optional).			500.00

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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

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		Detailed Summary Page		11a		11b	11c	12				
Any information copied from such Reports	and Statements ma	ly not be sold or used by any n		13 or the		14	15 Soliciting	16	17			
or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full)												
SUPPORT AMERICA'S PO	OLICE PAC											
Full Name of Individual (Last, First, Mid A. KAMARA, JAMES, , ,	ddle Initial) or Full O	rganization Name		Date of Receipt								
Mailing Address 602 RUTH WAY	Mailing Address 602 RUTH WAY					03 05 2024						
City	State	Zip Code	╶╷╹	Trans	acti	ion ID : S	6A11AI-3	3082392	1			
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FEC ID number of contributing federal political committee.	С			_	_			260				
Name of Employer (for Individual) BEST EFFORTS		upation (for Individual) ST EFFORTS		Me	emo	tem						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		260.00]									
Full Name of Individual (Last, First, Mid KINDER, KENNY , , ,	•	rganization Name		Date of	Re	eceipt						
Mailing Address 9050 GREENVILLE AV APT 2726				м м 03	1	D D 06	/ Y	y y 2024	Y			
City	State	Zip Code				on ID : S						
DALLAS	TX	75243	A	\mount	of	Each Re	ceipt thi	is Period				
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Name of Employer (for Individual) BEST EFFORTS		upation (for Individual) ST EFFORTS		Me	emo	tem						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		550.00]									
Full Name of Individual (Last, First, Mic C. MAHAN, RUBEN, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 6106 24TH ST NW				03 ^M		06		2024 Y				
City GIG HARBOR	State WA	Zip Code 98335				ion ID : S						
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Other (specify)		206.00	1									
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 9 OF

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	EIVILLED RECEIPTS			Detailed Cummers Dere	5	✓ 11a	а		11b	Γ	11c		12		
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\backslash	NAME OF COMMITTEE (In Full)														
	SUPPORT AMERICA'S POLICE	PAC													
Α.	Full Name of Individual (Last, First, Middle Initial) VALCICH, MARK, , ,) or Full C	Orga	nization Name		Date	of	Re	eceipt	t					
	Mailing Address 9718 HELLINGLY PL	1		1		[™] 0:		1		28	/ Y)24	Y	
	City MONTGOMERY VILLAGE	State MD		Zip Code 20886	_						SA11AI- eceipt th				
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		Aggregate	Yea	ar-to-Date V											
	Other (specify) ▼		-	250.00											
B.	Full Name of Individual (Last, First, Middle Initial) YIMER, WASSIHUN M, , ,) or Full C	Orga	nization Name		Date	of	Re	eceipt	t					
	Mailing Address 1520 W PEORIA AVE APT 146					M 0		1		05	/ Y)24	Y	
	City	State		Zip Code							SA11AI-				
	PHOENIX	AZ		85029	-	Amo	unt	of	Each	۱R	eceipt th	is P	Period		
	FEC ID number of contributing federal political committee.	С				Ē			,				800.0	00	
	Name of Employer (for Individual) JB HUNT TRUCKING COMPANY		•	tion (for Individual) CDRIVER		Ц	Me	emo) Iten	n					
		Aggregate	Yea	ar-to-Date 🔻											
	Primary General Other (specify) ▼		Ļ.	800.00											
с.	Full Name of Individual (Last, First, Middle Initial)) or Full C	Orga	nization Name		Date	of	Re	eceipt	t					
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SCHEDULE B (FEC Form 3X)			FOF	R L	NE N	UMBER	:			PA	GE	10 OF	= 5
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NAME OF COMMITTEE (In Full)													
angle SUPPORT AMERICA'S POLICE P	PAC												
Full Name (Last, First, Middle Initial)													
A. CAPPLEMAN, OLIVER, , ,						Date o	_						
Mailing Address 2752 CRANSTON CIR						03		D	6	/ Y)24	
City		Zip Code				FEC Id	lenti	ficatio	n Ni	umber			
YORKVILLE	IL	60560				TEOR		ileatio				-	
Purpose of Disbursement					11	С	_			_	_		
PAYROLL			00	1		Tra	ansa	action	ID :	SB21	B-98	3386	
Candidate Name			Categ		/	Amoun	t of	Each	Dis	burser	nent	this Pe	eriod
Office Sought: House Disburser	ment For:		Тур	Je						_		701.24	
Senate	Primary	General						1		y -`			
State: District:	Other (specif	fy) 🔻				Me	emo	Item					
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³ CAPPLEMAN, OLIVER, , ,						Date o	f Di	sburse	emei	nt			
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Mailing Address 2752 CRANSTON CIR						03	1		13		20)24	
City YORKVILLE	State IL	Zip Code 60560				FEC ld	lenti	ficatio	n Ni	umber			
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PAYROLL			00)1									
Candidate Name		I	Cateq	1011						SB21		3 386 this Pe	ariod
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Senate	Primary	General						1-					
President	Other (specif	fy)				M	mo	Item					
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Full Name (Last, First, Middle Initial)						Date o	f Di	ehuror		at			
^{**} CAPPLEMAN, OLIVER, , ,								D		/	Y	YY	
Mailing Address 2752 CRANSTON CIR						03	ľ		20)24	
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YORKVILLE	IL	60560				_							
Purpose of Disbursement					1	C			_	_		.	
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Candidate Name			Categ Typ		/	Amoun	t of	Each	Dis	burser	nent	this Pe	eriod
Office Sought: House Disburser	ment For:		ιyp							-		701.24	
Senate	Primary	General											
President	Other (specif	fy) 🔻				Me	emo	Item					
State: District:						-							
SUBTOTAL of Disbursements This Page (optional)								-		-	:	2103.72	2
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SCHEDULE B (FEC Form 3X)	lles constato schodula(s							
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only one) X 21b 22 23 26 27						
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Any information copied from such Reports and State	ments may not be sold or u	sed by any person for the purpose of soliciting contribution	ons					
		ical committee to solicit contributions from such committee						
NAME OF COMMITTEE (In Full)								
angle SUPPORT AMERICA'S POLICE	PAC							
Full Name (Last, First, Middle Initial)								
^{A.} CAPPLEMAN, OLIVER, , ,		Date of Disbursement						
Mailing Address 2752 CRANSTON CIR		03 27 2024	Ý					
City YORKVILLE	State Zip Code IL 60560	FEC Identification Number						
Purpose of Disbursement	00000	C						
PAYROLL		001						
Candidate Name		Category/ Amount of Each Disbursement this Pe	oriod					
		Category/ Amount of Each Disbursement this Pe	unu					
Office Sought: House Disburse	ement For:	701.24						
Senate	Primary General							
President	Other (specify)	Memo Item						
State: District:								
Full Name (Last, First, Middle Initial)		Data of Dishuman at						
^{3.} CLOUD DATA SERVICES		Date of Disbursement						
Mailing Address 1009 WHITNEY RANCH DR		03 / D D / Y Y Y Y Y 05 / 2024	Y					
City HENDERSON	State Zip Code NV 89014	FEC Identification Number						
Purpose of Disbursement		C						
LEADS/PHONE LISTS - CLEARING FROM PRE	/IOUS PERIOD	003						
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		Туре						
	ement For:	72.25)					
Senate	Primary General							
State: District:	Other (specify)	Memo Item						
Full Name (Last, First, Middle Initial)								
		Date of Disbursement						
CLOUD DATA SERVICES			Ý					
Mailing Address 1009 WHITNEY RANCH DR		03 05 2024						
City	State Zip Code	FEC Identification Number						
HENDERSON	NV 89014							
		003 C						
LEADS/PHONE LISTS - CLEARING FROM PREV Candidate Name		Transaction ID : SB21B-98387						
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Senate	Primary General							
President	Other (specify)	Memo Item						
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SCHEDULE B (FEC Form 3X)			FOF	R LINE	NUMBER:			PA	GE	12 OF	5
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Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
SUPPORT AMERICA'S POLICE	PAC										
Full Name (Last, First, Middle Initial)					Date of	Diak		mont			
CLOUD DATA SERVICES						Dist	D		V	YY	
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В.	RALLYPAY				Date of Disbursement							
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Full Name (Last, First, Middle Initial)			Date of Disbursement											
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WESTCHESTER Purpose of Disbursement	IL 60154													
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^{C.} STANDARD DATA SERVICES LLC	C													
Mailing Address 513 MILL AVE SE SUITE 206			03 05 2024											
5	State Zip Code		FEC Identification Number											
NEW PHILADELPHIA Purpose of Disbursement	OH 44663													
CAGING AND DATABASE SERVICES - CLEARING	G FROM PREVIOUS	003	С											
Candidate Name			Transaction ID : SB21B-98394											
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Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address 55 LAKE HAVASU AVE SOUTH F-677 City State Zip Code LAKE HAVASU AZ B6403 Purpose of Disbursement 003 Category/ Type Protoce Sought: House Disbursement For: 003 Candidate Name Disbursement For: 1850.79 State: Disbursement Primary General Office Sought: House Disbursement For: 1850.79 Full Name (Last, First, Middle Initial) Other (specify) X Memo Item Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Date of Disbursement City State Zip Code FEC Identification Number Purpose of Disbursement Disbursement For: Date of Disbursement this Period Cardidate Name Disbursement For: Amount of Each Disbursement this Period Office Sought: House Disbursement For: Amount of Each Disbursement this Period Office Sought: House Disbursement For: Memo Item State: District: Disburs			Other (spec	tify) ▼					×M	emo	Item	n						
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C. Date of Disbursement Mailing Address Image: City City State Zip Code Purpose of Disbursement FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: Disbursements This Page (optional)	_		Other (spec	aty)					×M	emo	Item	١						
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Purpose of Disbursement Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: Disbursements This Page (optional)		Mailing Address							M	И /	D		D /	Y	Y	Y	Y	
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item SUBTOTAL of Disbursements This Page (optional)		City	State	Zip Code					FEC I	denti	ificati	on	Nun	nber				
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TOTAL This Period (last page this line number only) 51444.79			Strier (spec	···y) ▼					M	emo	Item	I						
TOTAL This Period (last page this line number only) 51444.79	Γ											1	-	-		0	.00	
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	т	TOTAL This Period (last page this line number only)							L.		,			7	5			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) SUPPORT AMERICA'S POLICE PAGE	<u> </u>		(Use separate schedule(s) for each numbered line)	PAGE30OF55FOR LINE NUMBER: (check only one)9X10
	-			
A. Full Name (Last, First, Middle Initial) of Debtor CLOUD DATA SERVICES	or Creditor			ebt (Purpose): IONE LISTS
Mailing Address 1009 WHITNEY RANCH DR				
City HENDERSON	State NV	Zip Code 89014		
Outstanding Balance Beginning This Period 3053.79				on ID : SD10-1597895
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
1267.22		3053.7	79	1267.22
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
LAV SERVICES LLC			PHONEBA	NK PAYROLL SERVICES
Mailing Address 1009 WHITNEY RANCH DR				
City	State	Zip Code		
HENDERSON	NV	89014		
				ion ID : SD10-1597893
Outstanding Balance Beginning This Period			Transact	101110.3010-139/093
2909.79			Transact	101110 . 3010-1397693
2909.79	Pav	ment This Period		
2909.79 Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
2909.79	Pay	ment This Period 2909.7	Outstandir	
2909.79 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
2909.79 Amount Incurred This Period 1203.86	or Creditor		Outstandir 79 Nature of D	ng Balance at Close of This Period
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE	or Creditor		Outstandir 79 Nature of D	ng Balance at Close of This Period 1203.86 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City	or Creditor LLC State	2909.7	Outstandir 79 Nature of D	ng Balance at Close of This Period 1203.86 ebt (Purpose):
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206	or Creditor	2909.7	Outstandir 79 Nature of D	ng Balance at Close of This Period 1203.86 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City	or Creditor LLC State	2909.7	Outstandir 79 Nature of D CAGING A	ng Balance at Close of This Period 1203.86 ebt (Purpose):
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City NEW PHILADELPHIA	or Creditor LLC State	2909.7	Outstandir 79 Nature of D CAGING A	ng Balance at Close of This Period 1203.86 ebt (Purpose): .ND DATABASE SERVICES
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City NEW PHILADELPHIA Outstanding Balance Beginning This Period	or Creditor LLC State OH	2909.7	Outstandir 79 Nature of D CAGING A Transact	ng Balance at Close of This Period 1203.86 ebt (Purpose): .ND DATABASE SERVICES
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City NEW PHILADELPHIA Outstanding Balance Beginning This Period 2140.13 Amount Incurred This Period	or Creditor LLC State OH	2909.7 Zip Code 44663	Outstandir 79 Nature of D CAGING A Transact Outstandir	ag Balance at Close of This Period 1203.86 ebt (Purpose): ND DATABASE SERVICES
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City NEW PHILADELPHIA Outstanding Balance Beginning This Period 2140.13	or Creditor LLC State OH	2909.7 Zip Code 44663 ment This Period	Outstandir 79 Nature of D CAGING A Transact Outstandir	ng Balance at Close of This Period 1203.86 ebt (Purpose): ND DATABASE SERVICES ion ID : SD10-1597899 ng Balance at Close of This Period
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City NEW PHILADELPHIA Outstanding Balance Beginning This Period 2140.13 Amount Incurred This Period	or Creditor LLC State OH Pay	2909.7 Zip Code 44663 ment This Period 2140.1	Outstandir 79 Nature of D CAGING A Transact Outstandir 13	ng Balance at Close of This Period 1203.86 ebt (Purpose): ND DATABASE SERVICES ion ID : SD10-1597899 ng Balance at Close of This Period
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City NEW PHILADELPHIA Outstanding Balance Beginning This Period 2140.13 Amount Incurred This Period 887.05	or Creditor LLC State OH Pay	2909.7 Zip Code 44663 ment This Period 2140.1	Outstandir 79 Nature of D CAGING A Transact Outstandir	ng Balance at Close of This Period 1203.86 ebt (Purpose): ND DATABASE SERVICES ion ID : SD10-1597899 ng Balance at Close of This Period 887.05
2909.79 Amount Incurred This Period 1203.86 C. Full Name (Last, First, Middle Initial) of Debtor STANDARD DATA SERVICES Mailing Address 513 MILL AVE SE SUITE 206 City NEW PHILADELPHIA Outstanding Balance Beginning This Period 2140.13 Amount Incurred This Period 887.05 1) SUBTOTALS This Period This Page (optional)	only)	2909.7 Zip Code 44663 ment This Period 2140.1	Outstandir 79 Nature of D CAGING A Transact Outstandir 13 Outstandir	ng Balance at Close of This Period 1203.86 ebt (Purpose): ND DATABASE SERVICES ion ID : SD10-1597899 ng Balance at Close of This Period 887.05

CHEDULE D (FEC Form 3X) EBTS AND OBLIGATIONS cluding Loans		(Use separate schedule(s) for each numbered line)	PAGE31OF55FOR LINE NUMBER: (check only one)9X10	
SUPPORT AMERICA'S POLICE PA	AC			
A. Full Name (Last, First, Middle Initial) of Debto WIRED4DATA	or or Creditor			Debt (Purpose): ANK IT/TECH SUPPORT
Mailing Address 55 LAKE HAVASU AVE SOUTH	HF-677			
City LAKE HAVASU	State AZ	Zip Code 86403		
Outstanding Balance Beginning This Period 5642.47	, Dou	mant This David		ion ID : SD10-1597897
Amount Incurred This Period 2344.36	Pay	ment This Period 5642.4		ng Balance at Close of This Period 2344.36
2344.30				2344.30
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
				· · · · · · · ·
1) SUBTOTALS This Period This Page (optional)				2344.36
2) TOTALS This Period (last page this line number	r only)			5702.49
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	►	0.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page on	ly) ▶	5702.49

ITEMIZED INDEPENDENT EXPENDITURES	6				PAGE 32	÷.	55
NAME OF COMMITTEE (In Full)				FFO			-
SUPPORT AMERICA'S POLICE PA	С				IDENTIFICAT		SER V
	•			С	C00773390)	_
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M	/ D D /	YY	Y Y
Full Name of Payee		X Memo	Item Da	te of Pub	lic Distributior	n/Dissemina	ation
				^M 03	/ D D /		Y Y
INVOICE DID NOT CLEAR BANK BEFORE CLOS Mailing Address 1009 WHITNEY RANCH DR.	SE OF BOOKS			03	21	202	4
			Am	nount			
City	State	Zip Code				33	.10
HENDERSON	NV	89014		Transaction ID : SE-S1597589 Date of Disbursement or Obligation			
Purpose of Expenditure		Category/					Y Y
LEADS/PHONE LISTS		Туре				<u> </u>	
Name of Federal Candidate:		Support	Office So	ught:	House	District:	00
HASSAN, MARGARET, WOOD, ,		Oppose	Pre	sident	X Senate	State: _	NH
Calendar Year-To-Date		4077.21	Disbursen	nent For:	X Primar	y G	ieneral
Per Election for Office Sought	7 7	4077.21	2028	Other (s	specify) 🕨		
Full Name of Payee		× Memo	Item Da	te of Pub	lic Distributior	n/Dissemina	ation
CLOUD DATA SERVICES				03 / D D / Y Y Y Y 21 2024			
Mailing Address 1009 WHITNEY RANCH DR.			٨٣				_
				nount			
City	State	Zip Code					.10
HENDERSON	NV	89014			n ID : SE-S15 oursement or		
Purpose of Expenditure		Category/ 004		M M	/ D D /	YY	Y Y
LEADS/PHONE LISTS		Type					
Name of Federal Candidate:		X Support	Office So	ught:	House	District: _	00
GRASSLEY, CHARLES, , ,		Oppose	Pre	sident	X Senate	State: _	IA
Calendar Year-To-Date		3297.24	Disbursen	nent For:	X Primar	y G	ieneral
Per Election for Office Sought	7 7		2028	Other (s	specify) 🕨		
			_				_
(a) SUBTOTAL of Itemized Independent Expenditure	S		• •			0.0	0
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. •				_
(c) TOTAL Independent Expenditures			Г				
							_
Under penalty of perium Leartify that the independ	lant avpanditura	reported barain wara	not modo	in cooper	ation concult	otion or o	noort
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized						
CAPPLEMAN, OLIVER, , ,		Date	e 03	21	20	24	
Signature							

ITEMIZED INDEPENDENT EXPENDITURES	6		PAGE 33 OF 55 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				
SUPPORT AMERICA'S POLICE PAG	С		FEC IDENTIFICATION NUMBER ▼	
	-		С сооттазоо	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Payee		🗙 Memo	Item Date of Public Distribution/Dissemination	
CLOUD DATA SERVICES	03 28 / Y Y Y Y 03 28 2024			
Mailing Address 1009 WHITNEY RANCH DR.				
			Amount	
City	State	Zip Code	33.10	
HENDERSON	NV	89014	Transaction ID : SE-S1597717 Date of Disbursement or Obligation	
Purpose of Expenditure		Category/		
LEADS / PHONE LISTS(ESTIMATE)		Туре		
Name of Federal Candidate:		Support	Office Sought: House District: 00	
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: <u>NH</u>	
Calendar Year-To-Date		1 American	Disbursement For: X Primary General	
Per Election for Office Sought		4077.21	2028	
Full Name of Payee		🗙 Memo	Item Date of Public Distribution/Dissemination	
			03 28 2024	
Mailing Address 1009 WHITNEY RANCH DR.	Y PAID BEFORE	CLOSE OF BOOKS		
			Amount	
City	State	Zip Code	33.10	
HENDERSON	NV	89014	Transaction ID : SE-S1597719 Date of Disbursement or Obligation	
Purpose of Expenditure		Category/	M M / D D / Y Y Y	
LEADS / PHONE LISTS(ESTIMATE)		Type 004		
Name of Federal Candidate:		X Support	Office Sought: House District: 00	
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA	
Calendar Year-To-Date		3297.24	Disbursement For: X Primary General	
Per Election for Office Sought	7 7	3237.24	2028	
(a) SUBTOTAL of Itemized Independent Expenditure	S		• • 0.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		• •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid				
party committee) any political party committee or its	s agent.			
			M = M / D = D / Y = Y = Y = Y	
CAPPLEMAN, OLIVER, , , Date 03 28 2024 Signature 03 28 2024				
oignaturo				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
SUPPORT AMERICA'S POLICE PAG	2			C IDENTIFICATION NUMBER ▼
			C	C00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee		Memo	Item Date of Pu	ublic Distribution/Dissemination
CLOUD DATA SERVICES			M M	/ D D / Y Y Y Y 22 2024
Mailing Address 1009 WHITNEY RANCH DR.				2024
			Amount	
City	State	Zip Code		17.79
HENDERSON	NV	89014		on ID : SE-S1585501 sbursement or Obligation
Purpose of Expenditure	1	Category/	MM	
LEADS/PHONE LISTS		Type	03	05 2024
Name of Federal Candidate:		Support	Office Sought:	House District:00
HASSAN, MARGARET, WOOD, ,		Oppose	President	Senate State: <u>NH</u>
Calendar Year-To-Date		1860.79	Disbursement Fo	r: 🗙 Primary 🗌 General
Per Election for Office Sought	7 7	1000.73	2028 Other	(specify) ►
Full Name of Payee		Memo	Item Date of Pu	ublic Distribution/Dissemination
CLOUD DATA SERVICES			02	/ D D / Y Y Y Y 22 2024
Mailing Address 1009 WHITNEY RANCH DR.				
			Amount	
City	State	Zip Code		17.79
HENDERSON	NV	89014		on ID : SE-S1585503 sbursement or Obligation
Purpose of Expenditure		Category/	M	
LEADS/PHONE LISTS		Type 004	03	05 2024
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President	Senate State: <u>IA</u>
Calendar Year-To-Date		710.26	Disbursement Fo	r: 🗙 Primary 🗌 General
Per Election for Office Sought	7		2028 Other	(specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				35.58
(b) SUBTOTAL of Unitemized Independent Expenditu	ros			
				g
(c) TOTAL Independent Expenditures			•	
				<u></u>
Under penalty of perjury I certify that the independe	ent expenditures	reported herein were	not made in coop	eration consultation or concert
with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
party committee, any pointear party committee of its	agont.			
CAPPLEMAN, OLIVER, , ,		_		
Signature		_ Date	02 2	2 2024

ITEMIZED INDEPENDENT EXPENDITURES	6		PAGE 35 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
SUPPORT AMERICA'S POLICE PA	C		FEC IDENTIFICATION NUMBER ▼
	0		C C00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
CLOUD DATA SERVICES			02 / D / Y Y Y Y 02 29 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	305.36
HENDERSON	NV	89014	Transaction ID : SE-S1585625 Date of Disbursement or Obligation
Purpose of Expenditure	1	Category/	
LEADS/PHONE LISTS		Туре	03 06 2024
Name of Federal Candidate:		Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: NH
Calendar Year-To-Date		3234.91	Disbursement For: X Primary General
Per Election for Office Sought		5254.91	2028
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
CLOUD DATA SERVICES			02 / Y Y Y Y 02 29 / 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	305.36
HENDERSON	NV	89014	Transaction ID : SE-S1585627 Date of Disbursement or Obligation
Purpose of Expenditure		Category/ 004	
LEADS/PHONE LISTS		Туре	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA
Calendar Year-To-Date		2084.38	Disbursement For: X Primary General
Per Election for Office Sought	7 7		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	S		610.72
(b) SUBTOTAL of Uniternized Independent Expendit	uroc		
	ures		
(c) TOTAL Independent Expenditures			
Under penalty of periury I certify that the independent	lent expenditures	reported herein were	e not made in cooperation, consultation, or concert
with, or at the request or suggestion of, any candic	late or authorized		
party committee) any political party committee or its	s agent.		
CAPPLEMAN OLIVED			M M / D D / Y Y Y Y
CAPPLEMAN, OLIVER, , , Signature		_ Date	e 02 29 2024

ITEMIZED INDEPENDENT EXPENDITURES	6		PAGE 36 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
SUPPORT AMERICA'S POLICE PA	C		FEC IDENTIFICATION NUMBER ▼
	0		C C00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
CLOUD DATA SERVICES			03 / D D / Y Y Y Y 03 07 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	95.10
HENDERSON	NV	89014	Transaction ID : SE-S1587323 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	
LEADS/PHONE LISTS		Type	03 13 2024
Name of Federal Candidate:		Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA
Calendar Year-To-Date		2512.35	Disbursement For: X Primary General
Per Election for Office Sought		2312.33	2026 Other (specify) ▶
Full Name of Payee			Item Date of Public Distribution/Dissemination
			03 / D D / Y Y Y Y 2024
Mailing Address 1009 WHITNEY RANCH DR.			Amount
City	State	Zip Code	95.10
HENDERSON	NV	89014	Transaction ID : SE-S1587321 Date of Disbursement or Obligation
Purpose of Expenditure		Category/ 004	4 03 13 <u>2024</u>
LEADS/PHONE LISTS		Туре	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: NH
Calendar Year-To-Date		3662.88	Disbursement For: Primary General
Per Election for Office Sought			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	9S		190.20
(b) SUBTOTAL of Unitemized Independent Expendit	ures		
(c) TOTAL Independent Expenditures			• •
Under penalty of periury I certify that the independ	lent expenditures	reported herein were	e not made in cooperation, consultation, or concert
with, or at the request or suggestion of, any candid	date or authorized		of either, or (if the reporting entity is not a political
party committee) any political party committee or it	s ayent.		
CAPPLEMAN, OLIVER, , ,		_	
Signature		_ Date	e 03 07 2024

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 3	7 OF 55 24 OF FORM 33	~
NAME OF COMMITTEE (In Full)				550			
SUPPORT AMERICA'S POLICE PAG							
				C	C0077339	0	J,
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or		/ D D /	Y Y Y Y]
Full Name of Payee		Memo	Item C	Date of Pub	olic Distribution	n/Dissemination	
CLOUD DATA SERVICES		_		^M 03	/ D D 14	2024	
Mailing Address 1009 WHITNEY RANCH DR.			A	mount			
City	State	Zip Code				100.15	٦
HENDERSON	NV	89014			n ID : SE-S15	97109	
Purpose of Expenditure					bursement or	0	_
LEADS/PHONE LISTS		Category/ Type		03	/ 20	2024	
Name of Federal Candidate:		Support	Office S	Souaht:	House	District: 00	
HASSAN, MARGARET, WOOD, ,		Oppose		resident	X Senate	State: NH	_
Calendar Year-To-Date		3928.27		ement For:	X Prima	ry Genera	al
Per Election for Office Sought	7 7	5920.27	2028	Other (specify) ►		
Full Name of Payee		Memo	Item C	Date of Pub	olic Distribution	n/Dissemination	
CLOUD DATA SERVICES				M			
Mailing Address				03	14	2024	4
1009 WHITNEY RANCH DR.			A	mount			
City	State	Zip Code				100.15	٦
HENDERSON	NV	89014			n ID : SE-S15	97111	
Purpose of Expenditure					bursement or		
LEADS/PHONE LISTS		Category/ Type 004		03	/ ^D 20 ^D	Y Y Y Y Y 2024	
Name of Federal Candidate:		Support	Office S	Souaht:	House	District: 00	
GRASSLEY, CHARLES, , ,				resident	X Senate	State: IA	_
Calendar Year-To-Date		3148.30		ement For:	X Prima	ry Genera	al
Per Election for Office Sought		3140.00	2028	Other (specify) 🕨		
(a) SUBTOTAL of Itemized Independent Expenditures	·		•			200.30]
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •		7		
(c) TOTAL Independent Expenditures			. Г				1
(-,				7		1 1 /8 1	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized						
CAPPLEMAN, OLIVER, , ,		_	M	/ D		Y Y	
Signature		_ Date	e 03	14	20	24	
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ITEMIZED INDEPENDENT EXPENDITURI	ES			PAGE 38 OF 55
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
SUPPORT AMERICA'S POLICE P	AC			
				C C00773390
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on / / / / /
Full Name of Payee		X Memo	Item	Date of Public Distribution/Dissemination
				03 / D D / Y Y Y Y Y 2024
INVOICE DID NOT CLEAR BANK BEFORE CL Mailing Address 1009 WHITNEY RANCH DR.	USE OF BOOKS			
				Amount
City	State	Zip Code		31.44
HENDERSON	NV	89014		Transaction ID : SE-S1597597 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	-	
PHONEBANK PAYROLL SERVICES		Туре	_	
Name of Federal Candidate:		Support	Office	Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose		President X Senate State: NH
Calendar Year-To-Date		1077.04		rsement For: 🗙 Primary 🗌 General
Per Election for Office Sought		4077.21	2028	Other (specify)
Full Name of Payee		× Memo	Item	Date of Public Distribution/Dissemination
LAV SERVICES LLC	OSE OE BOOKS			03 / D D / Y Y Y Y 21 2024
Mailing Address 1009 WHITNEY RANCH DR.				
				Amount
City	State	Zip Code		31.44
HENDERSON	NV	89014		Transaction ID : SE-S1597599 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	4	M = M / D = D / Y = Y = Y
PHONEBANK PAYROLL SERVICES		туре		
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose		President X Senate State: IA
Calendar Year-To-Date		3297.24	Disbu 2028	rsement For: X Primary General
Per Election for Office Sought			2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditu	ires		🕨	0.00
(b) SUBTOTAL of Uniternized Independent Expendent	ditures			
(c) TOTAL Independent Expenditures				
			ŗ	
Under penalty of perjury I certify that the indepe	ndent expenditures	s reported herein were	e not ma	ade in cooperation, consultation, or concert
with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
party committee, any pointear party committee of	no ayem.			
CAPPLEMAN, OLIVER, , ,		-		M / D D / Y Y Y Y 3 21 2024
Signature		Dat	.e 0:	3 21 2024

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 3	•	55
NAME OF COMMITTEE (In Full)				550	FOR LINE		
SUPPORT AMERICA'S POLICE PAG	2				IDENTIFICAT		SER V
				С	C0077339	0	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or		/ D D /	Y Y	Y Y
Full Name of Payee		🗙 Memo	Item D	Date of Put	olic Distribution	n/Dissemina	ation
LAV SERVICES LLC				03	/ D D 28	202	
Mailing Address 1009 WHITNEY RANCH DR.	FAID BEFORE	CLUSE OF BOOKS		00		20	
			A	mount			
City	State	Zip Code				31	.45
HENDERSON	NV	89014			n ID : SE-S15 bursement or		
Purpose of Expenditure	1	Category/		M M		Y Y	YY
PHONEBANK PAYROLL SERVICES(ESTIMATE)		Туре					
Name of Federal Candidate:		Support	Office S	Sought:	House	District: _	00
HASSAN, MARGARET, WOOD, ,		Oppose	P	resident	X Senate	State: _	NH
Calendar Year-To-Date		4077.24		ement For:	X Prima	ry 🗌 G	General
Per Election for Office Sought	7 7	4077.21	2028	Other (specify) 🕨		
Full Name of Payee		X Memo	Item [Date of Put	olic Distribution	n/Dissemina	ation
LAV SERVICES LLC				03	/ D D 28	202	ү ү 24
Mailing Address 1009 WHITNEY RANCH DR.							
			A	mount			
City	State	Zip Code			5		.44
HENDERSON	NV	89014			n ID : SE-S15 bursement or		
Purpose of Expenditure		Category/ 004		M M	/ D D	/ Y Y	Y Y
PHONEBANK PAYROLL SERVICES(ESTIMATE)		Type					
Name of Federal Candidate:		X Support	Office S	Sought:	House	District: _	00
GRASSLEY, CHARLES, , ,		Oppose	P	resident	X Senate	State: _	IA
Calendar Year-To-Date		3297.24		ement For:	X Prima	ry 🗌 G	General
Per Election for Office Sought	4		2028	Other (specify) 🕨		
(a) SUBTOTAL of Itemized Independent Expenditures			• •			0.0)0
(b) CURTOTAL of Uniterpized Independent Expandity	*00						
(b) SUBTOTAL of Unitemized Independent Expenditu	res						
(c) TOTAL Independent Expenditures			. 🛌 Г				
						1 1 1	
Under penalty of perium Leartify that the independent	ant avpandituraa	reported barain wara	not mod	, in coono	ration concult	ation or a	oncort
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid	ate or authorized						
party committee) any political party committee or its	agent.						
			M M	/ D	D / Y Y	YY	
CAPPLEMAN, OLIVER, , , Signature		_ Date	e 03	28	20	24	

ITEMIZED INDEPENDENT EXPENDITURES	6		PAGE 40 OF 55
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
SUPPORT AMERICA'S POLICE PA	c		FEC IDENTIFICATION NUMBER ▼
	0		C C00773390
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC			02 / D D / Y Y Y Y Y 22 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	16.90
HENDERSON	NV	89014	Transaction ID : SE-S1585509 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	
PHONEBANK PAYROLL SERVICES		Type	03 05 2024
Name of Federal Candidate:		Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: NH
Calendar Year-To-Date		4000 70	Disbursement For: X Primary General
Per Election for Office Sought		1860.79	2028 Other (specify) ►
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC			02 22 / Y Y Y Y 02 22 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	16.90
HENDERSON	NV	89014	Transaction ID : SE-S1585511 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y
PHONEBANK PAYROLL SERVICES		Type 004	03 05 2024
Name of Federal Candidate:		X Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA
Calendar Year-To-Date		710.26	Disbursement For: X Primary General
Per Election for Office Sought	7 7	110.20	2028 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	0		
	5		
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		• •
(c) TOTAL Independent Expenditures			• •
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized		
			M = M / D = D / Y = Y = Y = Y
CAPPLEMAN, OLIVER, , , Signature		Date	00 00 0001

ITEMIZED INDEPENDENT EXPENDITURES	S		PAGE 41 OF 55
NAME OF COMMITTEE (In Full)			
SUPPORT AMERICA'S POLICE PA	C		FEC IDENTIFICATION NUMBER ▼
	.0		С сооттазоо
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC			02 / D D / Y Y Y Y 02 29 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	290.09
HENDERSON	NV	89014	Transaction ID : SE-S1585633 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	
PHONEBANK PAYROLL SERVICES		Туре	03 06 2024
Name of Federal Candidate:		Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: NH
Calendar Year-To-Date		0004.04	Disbursement For: X Primary General
Per Election for Office Sought		3234.91	2028
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC			02 29 / Y Y Y Y 02 29 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	290.09
HENDERSON	NV	89014	Transaction ID : SE-S1585635 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y
PHONEBANK PAYROLL SERVICES		Type 004	03 06 2024
Name of Federal Candidate:		X Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA
Calendar Year-To-Date		2084.38	Disbursement For: X Primary General
Per Election for Office Sought	7 7	2004.30	2028 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	9S		580.18
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
CADDIEMAN OINED			MIM / DID / YIYIYIY
CAPPLEMAN, OLIVER, , ,		Date	e 02 29 2024
<u> </u>			

ITEMIZED INDEPENDENT EXPENDITURE	S		PAGE 42 OF 55
NAME OF COMMITTEE (In Full)			
SUPPORT AMERICA'S POLICE PA	C		FEC IDENTIFICATION NUMBER ▼
			C C00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC		_	03 07 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	90.35
HENDERSON	NV	89014	Transaction ID : SE-S1587329 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	
PHONEBANK PAYROLL SERVICES		Туре	03 13 2024
Name of Federal Candidate:		Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President Senate State: NH
Calendar Year-To-Date		0000 00	Disbursement For: X Primary General
Per Election for Office Sought		3662.88	2028
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC			03 07 / Y Y Y Y 2024
Mailing Address 1009 WHITNEY RANCH DR.			
			Amount
City	State	Zip Code	90.35
HENDERSON	NV	89014	Transaction ID : SE-S1587331 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
PHONEBANK PAYROLL SERVICES		Type 004	03 13 2024
Name of Federal Candidate:		X Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA
Calendar Year-To-Date		2512.35	Disbursement For: X Primary General
Per Election for Office Sought	7	2312.33	2028 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es		► 180.70
(b) SUBTOTAL of Unitemized Independent Expendi	tures		
(c) TOTAL Independent Expenditures			
	date or authorized		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
CADDLEMAN OLIVED			M M / D D / Y Y Y Y Y
CAPPLEMAN, OLIVER, , , Signature		Date	e 03 07 2024

ITEMIZED INDEPENDENT EXPENDITURES	6		PAGE 43 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
SUPPORT AMERICA'S POLICE PA	C		FEC IDENTIFICATION NUMBER ▼
	0		С сооттазоо
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC			M M / D / Y Y Y Y 03 14 2024
Mailing Address 1009 WHITNEY RANCH DR.			03 14 2024
1009 WHITE FRANCI DR.			Amount
City	State	Zip Code	95.14
HENDERSON	NV	89014	Transaction ID : SE-S1597117
Purpose of Expenditure			Date of Disbursement or Obligation
PHONEBANK PAYROLL SERVICES		Category/ Type	03 / ^D D J / ^Y Y Y Y Y 2024
Name of Federal Candidate:		X Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: NH
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought	7 7	3928.27	2028 Other (specify) ▶
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LAV SERVICES LLC			03 14 Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.			03 14 2024
1009 WHITNET RANCH DR.			Amount
City	State	Zip Code	95.14
HENDERSON	NV	89014	Transaction ID : SE-S1597119 Date of Disbursement or Obligation
Purpose of Expenditure		Category/ 004	M M / D D / Y Y Y
PHONEBANK PAYROLL SERVICES		Type	03 20 2024
Name of Federal Candidate:		X Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA
Calendar Year-To-Date		2149.20	Disbursement For: X Primary General
Per Election for Office Sought	7 7	3148.30	2028 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		. • 190.28
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized		
CADDIEMAN, OLIVED			M = M / D = D / Y = Y = Y = Y
CAPPLEMAN, OLIVER, , ,		_ Date	0001

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 44 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
SUPPORT AMERICA'S POLICE PAC)		FEC IDENTIFICATION NUMBER ▼CC00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		X Memo	Item Date of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC			Man / D D / Y Y Y Y
INVOICE FOR THIS ESTIMATE NOT ISSUED OR Mailing Address 513 MILL AVE SE	PAID BEFORE	CLOSE OF BOOKS	03 28 2024
SUITE 206			Amount
City	State	Zip Code	23.17
NEW PHILADELPHIA	ОН	44663	Transaction ID : SE-S1597721 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
CAGING AND DATABASE SERVICES(ESTIMATE)	Туре	
Name of Federal Candidate:		Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	4077.21	Disbursement For:
Full Name of Payee		× Memo	
			03 / D D / Y Y Y Y 03 28 2024
Mailing Address 513 MILL AVE SE	PAID BEFORE	CLOSE OF BOOKS	
SUITE 206			Amount
City	State	Zip Code	23.17
NEW PHILADELPHIA	OH	44663	Transaction ID : SE-S1597723 Date of Disbursement or Obligation
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE	Ξ)	Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,			President X Senate State: IA
Calendar Year-To-Date		2207.24	Disbursement For: X Primary General
Per Election for Office Sought	7 7	3297.24	2028 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
CAPPLEMAN, OLIVER, , ,		C .	a 03 28 2024
Signature		_ Date	e 03 28 2024

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 4	•	55
NAME OF COMMITTEE (In Full)				FEC	FOR LINE		
SUPPORT AMERICA'S POLICE PAC							
				C	C0077339)	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or	י אין אין אין אין אין אין אין אין אין אין	/ D D /	YYY	Y Y
Full Name of Payee		🗙 Memo	Item [Date of Pub	lic Distributior	n/Dissemin	ation
STANDARD DATA SERVICES LLC				M M 03	/ D D /	Y Y 20	
INVOICE DID NOT CLEAR BANK BEFORE CLOSE Mailing Address 513 MILL AVE SE	- OF BOOKS			03	21	20	24
SUITE 206			I	Amount			
City	State	Zip Code				23	8.17
NEW PHILADELPHIA	ОН	44663			n ID : SE-S159 bursement or		×
Purpose of Expenditure		Category/		M M	/ D D	YY	Y Y
CAGING AND DATABASE SERVICES		Туре					
Name of Federal Candidate:		Support	Office S	Sought:	House	District: _	00
HASSAN, MARGARET, WOOD, ,		Oppose	P	resident	X Senate	State: _	NH
Calendar Year-To-Date		4077.04		ement For:	X Primai	y 🗌 C	General
Per Election for Office Sought	1	4077.21	2028	Other (specify) ►		
Full Name of Payee STANDARD DATA SERVICES LLC		🗙 Memo	Item [Date of Pub	olic Distributior		
INVOICE DID NOT CLEAR BANK BEFORE CLOSI	E OF BOOKS			03	[/] 21	Y Y 202	24 Y
Mailing Address 513 MILL AVE SE				Amount			
SUITE 206	1	1					
City	State	Zip Code		Tuon o o oti o	n ID : SE-S15		8.17
NEW PHILADELPHIA	OH	44663			bursement or		
Purpose of Expenditure CAGING AND DATABASE SERVICES		Category/ 004		M M	/ D D	YY	YY
CAGING AND DATABASE SERVICES		Type 004					
Name of Federal Candidate:		X Support	Office S	Sought:	House	District: _	00
GRASSLEY, CHARLES, , ,		Oppose	P	resident	X Senate	State: _	IA
Calendar Year-To-Date Per Election for Office Sought		3297.24	Disburs	ement For:		y C	General
	7 7			Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			[0.0	00
				7			
(b) SUBTOTAL of Unitemized Independent Expenditur	es		• •				
							_
(c) TOTAL Independent Expenditures			• •	7			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized						
			M	/ D	D / Y Y	YY	
CAPPLEMAN, OLIVER, , , Signature		_ Date		21		24	
Oignataro							

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				EC IDENTIFICATION NUMBER ▼
SUPPORT AMERICA'S POLICE PAG				
			I	С С00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo	Item Date of	Public Distribution/Dissemination
STANDARD DATA SERVICES LLC			M O	2 2 2 2 2024
Mailing Address 513 MILL AVE SE				
SUITE 206			Amount	
City	State	Zip Code		12.46
NEW PHILADELPHIA	ОН	44663		ction ID : SE-S1585505 Disbursement or Obligation
Purpose of Expenditure		Category/	M	
CAGING AND DATABASE SERVICES		Туре	0	3 05 2024
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	Presiden	t X Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		1860.79	Disbursement	For: X Primary General
	7 7		Oth	er (specify) ►
Full Name of Payee STANDARD DATA SERVICES LLC		Memo		Public Distribution/Dissemination
			0	2 22 <u>Y Y Y Y</u> 22 2024
Mailing Address 513 MILL AVE SE			Amount	
SUITE 206			Amount	
City	State	Zip Code		12.46
NEW PHILADELPHIA	ОН	44663		ction ID : SE-S1585507 Disbursement or Obligation
Purpose of Expenditure		Category/ 004	M	
CAGING AND DATABASE SERVICES		Type 004		3 05 2024
Name of Federal Candidate:		X Support	Office Sought:	House District:00
GRASSLEY, CHARLES, , ,		Oppose	Presiden	t 🗙 Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		710.26	Disbursement	
			Oth	er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				24.92
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures				<u></u>
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
CADDIEMAN OINED				
CAPPLEMAN, OLIVER, , , Signature		_ Date	9 02	22 2024

ITEMIZED INDEPENDENT EXPENDITURES	5				PAGE 47 FOR LINE 2	÷.	55 PM 3X
NAME OF COMMITTEE (In Full)				!			-
SUPPORT AMERICA'S POLICE PA	C						
	0			С	C00773390		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M /	D D /	ŶŶ	Y Y
Full Name of Payee		Memo	Item Date	of Public	Distribution	/Dissemina	ation
STANDARD DATA SERVICES LLC			- I I	^M 02	^D 29	Y Y 202	
Mailing Address 513 MILL AVE SE							
SUITE 206			Amo	unt			
City	State	Zip Code				213	5.75
NEW PHILADELPHIA	ОН	44663			D:SE-S158 rsement or (
Purpose of Expenditure		Category/		M M /	D D /	YY	Y Y
CAGING AND DATABASE SERVICES		Type		03	06	202	24
Name of Federal Candidate:		X Support	Office Soug	iht:	House	District: _	00
HASSAN, MARGARET, WOOD, ,		Oppose	Presid	dent 🔰	K Senate	State: _	NH
Calendar Year-To-Date Per Election for Office Sought		3234.91	Disburseme		X Primar	y 🗌 G	General
	3 3			Other (sp	ecify) 🕨		
Full Name of Payee STANDARD DATA SERVICES LLC		Memo	Item Date		Distribution		
				02	29	202	24
Mailing Address 513 MILL AVE SE			Amo	unt			
SUITE 206							_
City NEW PHILADELPHIA	State	Zip Code 44663	Trar	saction	ID : SE-S158	213 35631	.75
Purpose of Expenditure			Date	of Disbu	rsement or (Obligation	
CAGING AND DATABASE SERVICES		Category/ Type 004		^M 03	06	Ý Ý 202	24 24
Name of Federal Candidate:		Support	Office Soug	iht:	House	District:	00
GRASSLEY, CHARLES, , ,		Oppose	Presid		Senate	State: _	IA
Calendar Year-To-Date Per Election for Office Sought		2084.38	Disburseme		X Primar	y 🗌 G	General
	7 7	/#		Other (sp	ecify) ►		
(a) SUBTOTAL of Itemized Independent Expenditure	S		•			427.5	50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres						
			_				_
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized						
CAPPLEMAN, OLIVER, , ,		D-t	02	29	/ Y Y 20/	Y Y 24	
Signature		_ Date	; 02	23	20	·	

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 48 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
SUPPORT AMERICA'S POLICE PAG	С			
				С С00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y Y
Full Name of Payee		Memo	Item Date o	f Public Distribution/Dissemination
STANDARD DATA SERVICES LLC			M	03 / D D / Y Y Y Y 03 07 2024
Mailing Address 513 MILL AVE SE			A moun	
SUITE 206			Amoun	
City	State	Zip Code		66.57
NEW PHILADELPHIA	ОН	44663		action ID : SE-S1587325 f Disbursement or Obligation
Purpose of Expenditure		Category/	м	M / D D / Y Y Y
CAGING AND DATABASE SERVICES		Type		03 13 2024
Name of Federal Candidate:		X Support	Office Sought	: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	Preside	nt 🗙 Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		3662.88	Disbursement	
				her (specify)
Full Name of Payee STANDARD DATA SERVICES LLC		Memo		f Public Distribution/Dissemination
Mailing Addross				03 07 2024
Mailing Address 513 MILL AVE SE			Amoun	t
SUITE 206	1			20.57
City NEW PHILADELPHIA	State OH	Zip Code 44663		66.57 action ID : SE-S1587327
Purpose of Expenditure		Cotogon//		f Disbursement or Obligation
CAGING AND DATABASE SERVICES		Category/ Type 004		03 13 2024
Name of Federal Candidate:		Support	Office Sought	: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	Preside	nt 🗙 Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		2512.35	Disbursement	
	, , , , , , , , , , , , , , , , , , , ,			her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	S			133.14
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
			_	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ	ent expenditures	reported herein were	not made in c	opperation consultation or concert
with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
CAPPLEMAN, OLIVER, , ,		_	M M /	
Signature		_ Date	9 03	07 2024

ITEMIZED INDEPENDENT EXPENDITURES	5			-	PAGE 49 FOR LINE	÷.	55 RM 3X
NAME OF COMMITTEE (In Full)				· · · ·			
SUPPORT AMERICA'S POLICE PAG	C						
	•			С	C00773390)	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	1 M /	D D /	Y Y	Y Y
Full Name of Payee		Memo	Item Date	of Public	c Distribution	/Dissemin	ation
STANDARD DATA SERVICES LLC				03 /	/ D D /	Y Y 202	
Mailing Address 513 MILL AVE SE			Amo	int			
SUITE 206							_
City	State	Zip Code	- I L		7	70	0.10
NEW PHILADELPHIA	ОН	44663			ID: SE-S159	-	
Purpose of Expenditure		Category/		M M /	/ D D /	YY	YY
CAGING AND DATABASE SERVICES		Туре	_ L	03	20	202	24
Name of Federal Candidate:		Support	Office Soug	ht:	House	District: _	00
HASSAN, MARGARET, WOOD, ,		Oppose	Presid	lent 🔰	🗙 Senate	State: _	NH
Calendar Year-To-Date		3928.27	Disburseme	nt For:	X Primar	y 🗌 G	General
Per Election for Office Sought				Other (sp	becify) ►		
Full Name of Payee STANDARD DATA SERVICES LLC		Memo	Item Date	of Public	c Distribution	/Dissemin	ation
STANDARD DATA SERVICES LLC				03	/ D D / 14	Y Y 202	24 Y
Mailing Address 513 MILL AVE SE							
SUITE 206			Amo	unt			
City	State	Zip Code				70	.10
NEW PHILADELPHIA	ОН	44663			ID: SE-S159 Irsement or		
Purpose of Expenditure		Category/		M M /	/ D D /	Y Y	Y Y
CAGING AND DATABASE SERVICES		Type 004	L	03	20	202	24
Name of Federal Candidate:		X Support	Office Soug	ht:	House	District: _	00
GRASSLEY, CHARLES, , ,		Oppose	Presid	lent 🔰	K Senate	State: _	IA
Calendar Year-To-Date Per Election for Office Sought		3148.30	Disburseme 2028	nt For:	X Primar	y 🗌 G	General
Per Election for Onice Sought				Other (sp	oecify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	7		140.2	20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres						
(c) TOTAL Independent Expenditures							
				7			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized						
CAPPLEMAN, OLIVER, , ,		P .	M M /	14	/ Y Y 20	24 24	
Signature		_ Date	e 03		20		

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 50	OF 55
NAME OF COMMITTEE (In Full)					-	4 OF FORM 3X
SUPPORT AMERICA'S POLICE PAC	•					ON NUMBER ▼
	•			C	C00773390	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n/	D D /	YYYYY
Full Name of Payee		X Memo	Item I	Date of Publi	c Distribution	Dissemination
WIRED4DATA				^M 03	/ ^D ^D / 21 /	Y Y Y Y 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH						
F-677				Amount		
City	State	Zip Code				61.23
LAKE HAVASU CITY	AZ	86403			ID: SE-S159 ursement or (
Purpose of Expenditure		Category/		M M	/ D D /	Y Y Y Y
PHONEBANK IT/TECH SUPPORT		Туре				L
Name of Federal Candidate:		X Support	Office	Sought:	House	District:00
HASSAN, MARGARET, WOOD, ,		Oppose	F	President	X Senate	State: <u>NH</u>
Calendar Year-To-Date		4077.21	1	sement For:	X Primary	General
Per Election for Office Sought	7 7	4077.21	2028	Other (sp	pecify) ►	
Full Name of Payee		× Memo	Item	Date of Publi	c Distribution	Dissemination
WIRED4DATA INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS				03	/ ^D 21 /	Y Y Y Y 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH				A		
F-677				Amount		
City	State	Zip Code				61.23
LAKE HAVASU CITY	AZ	86403			ID:SE-S159 ursement or (
Purpose of Expenditure		Category/ 004		M M	/ D D /	Y Y Y Y
PHONEBANK IT/TECH SUPPORT		Type 004				
Name of Federal Candidate:		X Support	Office \$	Sought:	House	District: 00
GRASSLEY, CHARLES, , ,		Oppose	F	President	X Senate	State: <u>IA</u>
Calendar Year-To-Date		3297.24	1	sement For:	X Primary	General
Per Election for Office Sought	TT		2028	Other (sp	pecify) ►	
			r			0.00
(a) SUBTOTAL of Itemized Independent Expenditures			•			0.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		[
			· .	7		
(c) TOTAL Independent Expenditures			• •			
			_			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
			M	/ D D	/ / / /	YY
CAPPLEMAN, OLIVER, , , Signature		_ Date	9 03	21	202	

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 51 OF 55 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
SUPPORT AMERICA'S POLICE PAG	2		FEC IDENTIFICATION NUMBER ▼
	-		C C00773390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		X Memo	Item Date of Public Distribution/Dissemination
			03 / ^D 28 / ^Y Y Y Y Y 2024
INVOICE FOR THIS ESTIMATE NOT ISSUED OR Mailing Address 55 LAKE HAVASU AVE SOUTH	PAID BEFORE	JLUSE OF BOOKS	
F-677			Amount
City	State	Zip Code	61.23
LAKE HAVASU CITY	AZ	86403	Transaction ID : SE-S1597729 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	
PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Туре	
Name of Federal Candidate:		Support	Office Sought: House District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	President X Senate State: NH
Calendar Year-To-Date		4077.04	Disbursement For: X Primary General
Per Election for Office Sought	7 7	4077.21	2028 Other (specify) ▶
Full Name of Payee		🗴 Memo	Item Date of Public Distribution/Dissemination
WIRED4DATA			03 / D D / Y Y Y Y 03 28 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH		CLOSE OF BOOKS	
F-677			Amount
City	State	Zip Code	61.23
LAKE HAVASU CITY	AZ	86403	Transaction ID : SE-S1597731 Date of Disbursement or Obligation
Purpose of Expenditure	-	Category/	M M / D D / Y Y Y Y
PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Type 004	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
GRASSLEY, CHARLES, , ,		Oppose	President X Senate State: IA
Calendar Year-To-Date		3297.24	Disbursement For: X Primary General
Per Election for Office Sought	7 7		2028 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	;		. • 0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate	ate or authorized		
party committee) any political party committee or its	agent.		
CAPPLEMAN, OLIVER, , , Signature		_ Date	00 0004
oignature			

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 52 FOR LINE	÷.	55
NAME OF COMMITTEE (In Full)							
SUPPORT AMERICA'S POLICE PAC	2				DENTIFICAT		
				C	C00773390)	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	1 M /		Y Y	Y Y
Full Name of Payee		Memo	Item Date	of Publi	ic Distribution	/Dissemin	ation
WIRED4DATA			- I I	02	/ 22 /	Y Y 20	
Mailing Address 55 LAKE HAVASU AVE SOUTH							
F-677			Amou	anı			
City	State	Zip Code				32	2.92
LAKE HAVASU CITY	AZ	86403			ID: SE-S158 ursement or		
Purpose of Expenditure		Category/		MM	/ D D /	Y Y	Y Y
PHONEBANK IT/TECH SUPPORT		Type	- I L	03	05	20	24
Name of Federal Candidate:		X Support	Office Soug	ht:	House	District: _	00
HASSAN, MARGARET, WOOD, ,		Oppose	Presic	lent	X Senate	State: _	NH
Calendar Year-To-Date		1860.79	Disburseme	nt For:	X Primar	y 🗌 C	General
Per Election for Office Sought	7	1000.75	2028	Other (s	pecify) 🕨		
Full Name of Payee		Memo	Item Date	of Publi	ic Distribution	/Dissemin	ation
WIRED4DATA				02	/ D D /	Y Y 202	ү ү 24
Mailing Address 55 LAKE HAVASU AVE SOUTH							
F-677			Amou	unt			
City	State	Zip Code				32	2.92
LAKE HAVASU CITY	AZ	86403			ID:SE-S158 ursement or		
Purpose of Expenditure		Category/		M			Y Y
PHONEBANK IT/TECH SUPPORT		Type 004	L	03	05	202	24
Name of Federal Candidate:		X Support	Office Soug	ht:	House	District: _	00
GRASSLEY, CHARLES, , ,		Oppose	Presic	lent	X Senate	State: _	IA
Calendar Year-To-Date Per Election for Office Sought		710.26	Disburseme 2028	nt For:	X Primar	y 🗌 C	General
Per Election for Onice Sought	7 7			Other (s	pecify) 🕨		
(a) SUBTOTAL of Itemized Independent Expenditures			•			65.8	34
(b) SUBTOTAL of Unitemized Independent Expenditur	res		•				
			_				_
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
CAPPLEMAN, OLIVER, , ,		Dat	e 02	22	/ Y Y 20	24	
Signature		_ Date	, 02		20		

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 5	÷.	55
NAME OF COMMITTEE (In Full)					_	24 OF FORM	
SUPPORT AMERICA'S POLICE PAG	`			1000	IDENTIFICAT	ION NUMBE	R ▼
				C	C0077339	0	_
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	MM	/ D D /	Y Y Y	Y
Full Name of Payee		Memo	Item Dat	e of Pub	lic Distributio	n/Disseminati	on
WIRED4DATA				^M 02 ^M	/ ^D 29	2024	
Mailing Address 55 LAKE HAVASU AVE SOUTH			Am	ount			_
F-677							
City	State	Zip Code			aa	564.9	2
LAKE HAVASU CITY	AZ	86403			n ID : SE-S15		
Purpose of Expenditure		Category/		MM	/ D D	Y Y Y	
PHONEBANK IT/TECH SUPPORT		Туре		03	06	2024	
Name of Federal Candidate:		X Support	Office Sou	ught:	House	District:	00
HASSAN, MARGARET, WOOD, ,		Oppose	Pres	sident	X Senate	State:	NH
Calendar Year-To-Date		3234.91	Disbursem	ent For:	X Prima	ry Ge	neral
Per Election for Office Sought	7 7	0204.01	2020	Other (specify) 🕨		
Full Name of Payee		Memo	Item Dat	e of Pub	olic Distribution	n/Disseminati	on
WIRED4DATA				^M 02	/ D D 29	y y y y 2024	
Mailing Address 55 LAKE HAVASU AVE SOUTH							_
F-677			Am	ount			
City	State	Zip Code				564.9	2
LAKE HAVASU CITY	AZ	86403			n ID : SE-S15 oursement or		
Purpose of Expenditure	1	Category/		M M		Y Y Y	Y
PHONEBANK IT/TECH SUPPORT		Type 004		03	06	2024	
Name of Federal Candidate:		X Support	Office Sou	ught:	House	District:	00
GRASSLEY, CHARLES, , ,		Oppose	Pres	sident	X Senate	State:	IA
Calendar Year-To-Date		2084.38	Disbursem	ent For:	X Prima	ry Ge	neral
Per Election for Office Sought	7 7		2020	Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures				7		1129.84	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	,			
							-
(c) TOTAL Independent Expenditures			•		7	1 1 1	_
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
CAPPLEMAN, OLIVER, , ,		_	M	/ 20		Y Y	
Signature		_ Date	e 02	29	2(24	

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 54	4 OF 55 24 OF FORM 3X
NAME OF COMMITTEE (In Full)						
SUPPORT AMERICA'S POLICE PAG	`					TION NUMBER ▼
	,			C	C0077339	0
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or	n M M	/ D D /	Y Y Y Y
Full Name of Payee		Memo	Item [Date of Pul	blic Distributio	n/Dissemination
WIRED4DATA				03 ^M	/ D D D 07	/ Y Y Y Y 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH						
F-677				Amount		
City	State	Zip Code				175.95
LAKE HAVASU CITY	AZ	86403			n ID : SE-S15 bursement or	
Purpose of Expenditure		Category/		M M	/ D D	/ Y Y Y Y
PHONEBANK IT/TECH SUPPORT		Туре		03	13	2024
Name of Federal Candidate:		Support	Office S	Sought:	House	District: 00
HASSAN, MARGARET, WOOD, ,		Oppose	P	resident	X Senate	State: <u>NH</u>
Calendar Year-To-Date		3662.88		ement For	: 🗙 Prima	ry General
Per Election for Office Sought		3002.88	2028	Other	(specify) ►	
Full Name of Payee		Memo	Item [Date of Pul	blic Distributio	n/Dissemination
WIRED4DATA				03	/ D D D 07	/ Y Y Y Y 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH				00	01	2024
F-677			A	Amount		
City	State	Zip Code				175.95
LAKE HAVASU CITY	AZ	86403			on ID : SE-S15 bursement or	
Purpose of Expenditure	1	Category/		M M		/ Y Y Y Y
PHONEBANK IT/TECH SUPPORT		Type 004		03	13	2024
Name of Federal Candidate:		X Support	Office S	Sought:	House	District: 00
GRASSLEY, CHARLES, , ,		Oppose	P	resident	X Senate	State: IA
Calendar Year-To-Date		2512.35	Disburs	ement For	: 🗙 Prima	ry General
Per Election for Office Sought	7		2020	Other	(specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	;		•		y 1 1 1	351.90
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •		, , ,	
(c) TOTAL Independent Expenditures			•		5 1 5	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
CADDIEMAN OLIVED			M M			Y Y
CAPPLEMAN, OLIVER, , , Signature		_ Date	e 03	07	20)24

ITEMIZED INDEPENDENT EXPENDITURES					AGE 55 DR LINE 24		55 2M 3X
NAME OF COMMITTEE (In Full)							
SUPPORT AMERICA'S POLICE PAC					:00773390		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M /	D D /	Y Y Y	Ŷ
Full Name of Payee		Memo	Item Date	of Public D	istribution/E	Dissemina	tion
			[^M 03 ^{//}	^D ^D /	Y Y 202	
Mailing Address 55 LAKE HAVASU AVE SOUTH			Amou	unt			
F-677 City	State	Zip Code				185.	28
LAKE HAVASU CITY	AZ	86403			SE-S1597	123	20
Purpose of Expenditure		Category/		M M /	D D /		Y Y
PHONEBANK IT/TECH SUPPORT		Туре		03	20	202	
Name of Federal Candidate:		X Support	Office Soug	ht:	House [District:	00
GRASSLEY, CHARLES, , ,		Oppose	Presic	lent X	Senate	State:	IA
Calendar Year-To-Date Per Election for Office Sought	л. н. н. л. н. л.	3148.30	Disburseme	nt For: 🔰 Other (spec	✓ Primary ify) ▶	G	eneral
Full Name of Payee WIRED4DATA		🗌 Memo		of Public D	Distribution/E		tion
Mailing Address			— L	03	14	202	4
Mailing Address 55 LAKE HAVASU AVE SOUTH			Amou	Int			
F-677	State	Zin Codo				185.	28
City LAKE HAVASU CITY	AZ	Zip Code 86403			: SE-S1597 ement or O	127	20
Purpose of Expenditure	I	Category/		M M /		Y Y	YY
PHONEBANK IT/TECH SUPPORT		Type 004		03	20	202	
Name of Federal Candidate:		X Support	Office Soug	ht:	House [District:	00
GRASSLEY, CHARLES, , ,		Oppose	Presic	lent X	Senate	State:	IA
Calendar Year-To-Date Per Election for Office Sought	л. н. н. 7. н. н. 7.	3148.30	Disburseme	nt For: 🛛 📐 Other (spec	✓ Primary ify) ►	G	eneral
 (a) SUBTOTAL of Itemized Independent Expenditures . (b) SUBTOTAL of Unitemized Independent Expenditure 	əs		•			370.5	1
(c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	nt expenditures te or authorized	reported herein were	not made in				ncert
CAPPLEMAN, OLIVER, , ,	-		M M /			Y Y	
Signature		_ Date	9 03	14	2024	+	