

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.

HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on / / in the State of

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer BASS, ZACHARY, , , [Electronically Filed] Date / /

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**

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Page 2

Write or Type Committee Name

HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

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="2018"/>	<input type="text" value="63.86"/>	<input type="text" value="63.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="987928.19"/>	<input type="text" value="987928.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="987992.05"/>	<input type="text" value="987992.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="983740.33"/>	<input type="text" value="983740.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4251.72"/>	<input type="text" value="4251.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Report Covering the Period: From: 01 / 01 / 2018 To: 03 / 31 / 2018

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).....	8500.00	8500.00
(ii) Unitemized	979428.19	979428.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	987928.19	987928.19
(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)	987928.19	987928.19
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	987928.19	987928.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	987928.19	987928.19

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	983740.33	983740.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	983740.33	983740.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	983740.33	983740.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	983740.33	983740.33

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	987928.19	987928.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	987928.19	987928.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	983740.33	983740.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	983740.33	983740.33

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

Form/Schedule: F3XN
Transaction ID :

Heroes United PAC makes its best efforts to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitation contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

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

Mailing Address 2714 RAINWELL CT

City SAN JOSE	State CA	Zip Code 95133
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFO REQ PER BEST EFFORTS	Occupation (for Individual) INFO REQ PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 02 / 13 / 2018
Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
 150.00

Memo Item

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

Mailing Address 7181 SMITTEN FARM LN

City THE PLAINS	State VA	Zip Code 20198
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 20 / 2018
Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 105B BENTWOOD DR

City BRILLION	State WI	Zip Code 54110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fox Valley Music Teachers Association	Occupation (for Individual) Member
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 15 / 2018
Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 8 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. BOHMAN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105B BENTWOOD DR
 City BRILLION State WI Zip Code 54110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Valley Music Teachers Association Occupation (for Individual) Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 13 / 2018**
Transaction ID : SA11AI.4121
 Amount of Each Receipt this Period 100.00
 Memo Item

B. BOHMAN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105B BENTWOOD DR
 City BRILLION State WI Zip Code 54110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Valley Music Teachers Association Occupation (for Individual) Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **03 / 06 / 2018**
Transaction ID : SA11AI.4119
 Amount of Each Receipt this Period 150.00
 Memo Item

C. BOHMAN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105B BENTWOOD DR
 City BRILLION State WI Zip Code 54110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Valley Music Teachers Association Occupation (for Individual) Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **03 / 20 / 2018**
Transaction ID : SA11AI.4122
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
<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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. BRYANT, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 249 MOUNT ZION RD

City LURAY	State VA	Zip Code 22835
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Luray Page Chamber of Commerce	Occupation (for Individual) Volunteer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2018

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 519 GOODSON LOOP

City PINEHURST	State TX	Zip Code 77362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chance Contracting	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2018

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
 400.00

Memo Item

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

Mailing Address 2927 PRINCETON LN

City MURFREESBORO	State TN	Zip Code 37129
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFO REQ PER BEST EFFORTS	Occupation (for Individual) INFO REQ PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2018

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 28
	<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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. FAUGHT, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 17756

City NORTH LITTLE ROCK	State AR	Zip Code 72117
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Roberts-McNutt	Occupation (for Individual) CEO/NLR Roofing Project Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2018

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
 500.00

Memo Item

B. FAUGHT, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 17756

City NORTH LITTLE ROCK	State AR	Zip Code 72117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Roberts-McNutt	Occupation (for Individual) CEO/NLR Roofing Project Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2018

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
 150.00

Memo Item

C. FRENCH, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 GOODMAN TRCE

City MANCHESTER	State TN	Zip Code 37355
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Quality Assurance Co.	Occupation (for Individual) Principal
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2018

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 28
	<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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. GEARHART, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 427

City WATERVILLE	State WA	Zip Code 98858
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 30 / 2018
Transaction ID : SA11AI.4146

Amount of Each Receipt this Period
 500.00

Memo Item

B. GRATZ, SILVIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 S WOODBINE AVE

City PENN VALLEY	State PA	Zip Code 19072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Doctor	Occupation (for Individual) Psychiatry Specialist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 01 / 08 / 2018
Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
 225.00

Memo Item

C. HATHAWAY, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 STONE ROW LN

City NEW CUMBERLAND	State PA	Zip Code 17070
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFO REQ PER BEST EFFORTS	Occupation (for Individual) INFO REQ PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 26 / 2018
Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1025.00
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 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. JACKSON, CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 245 TENNYSON DR

City PELHAM	State AL	Zip Code 35124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alabama Poured Walls	Occupation (for Individual) Owner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 22 / 2018
Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 245 TENNYSON DR

City PELHAM	State AL	Zip Code 35124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alabama Poured Walls	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 31 / 2018
Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 8229 VAN BUREN AVE

City MUNSTER	State IN	Zip Code 46321
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 01 / 29 / 2018
Transaction ID : SA11AI.4099

Amount of Each Receipt this Period
 350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. LAFRANCHI, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2209 ALC DR

City VERONA	State PA	Zip Code 15147
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 22 / 2018
Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 27203 RANCH CRK

City BOERNE	State TX	Zip Code 78006
----------------	-------------	-------------------

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

Name of Employer (for Individual) Private Practice	Occupation (for Individual) Cardiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 02 / 21 / 2018
Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 5150 N 20TH ST UNIT 202

City PHOENIX	State AZ	Zip Code 85016
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 18 / 2018
Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
 150.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. MATHEWS, WILMA, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5150 N 20TH ST UNIT 202
 City PHOENIX State AZ Zip Code 85016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 22 / 2018
Transaction ID : SA11AI.4150
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MILLER, RANDALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N SYCAMORE CT
 City ROSWELL State NM Zip Code 88201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accounting and Consulting Groups Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2018
Transaction ID : SA11AI.4133
 Amount of Each Receipt this Period 500.00
 Memo Item

C. MULLINS, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 E VANCOTT WAY
 City STANSBURY PARK State UT Zip Code 84074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mullins Lock & Safe Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2018
Transaction ID : SA11AI.4131
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. POWELL, CHARLOTTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 BRADY DR
 City CLAYTON State NC Zip Code 27520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 08 / 2018
Transaction ID : SA11AI.4107
 Amount of Each Receipt this Period 100.00
 Memo Item

B. SKJODT, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9910 TOWNE RD
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Samerian Foundation Occupation (for Individual) Chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2018
Transaction ID : SA11AI.4110
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. WATSON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 173 DESIMONE DR
 City MARYVILLE State TN Zip Code 37801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2018
Transaction ID : SA11AI.4115
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	8500.00

**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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. COMMUNITY CARE UNITED LLC

Full Name (Last, First, Middle Initial)

Mailing Address 399 Pearl Street

City Woodbridge State NJ Zip Code 07095

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4158

Amount of Each Disbursement this Period: 2095.42

Memo Item

B. COMMUNITY CARE UNITED LLC

Full Name (Last, First, Middle Initial)

Mailing Address 399 Pearl Street

City Woodbridge State NJ Zip Code 07095

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4159

Amount of Each Disbursement this Period: 424.88

Memo Item

C. COMMUNITY CARE UNITED LLC

Full Name (Last, First, Middle Initial)

Mailing Address 399 Pearl Street

City Woodbridge State NJ Zip Code 07095

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4160

Amount of Each Disbursement this Period: 218.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2738.93

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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial)
A. COMMUNITY GROWTH COUNCIL

Mailing Address 13635 WEST OLD OAK LANE

City NEW BERLIN State WI Zip Code 53151

Purpose of Disbursement DONOR OUTREACH

Candidate Name

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

State: District:

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4162

Amount of Each Disbursement this Period: 6288.16

Memo Item

Full Name (Last, First, Middle Initial)
B. COMMUNITY GROWTH COUNCIL

Mailing Address 13635 WEST OLD OAK LANE

City NEW BERLIN State WI Zip Code 53151

Purpose of Disbursement DONOR OUTREACH

Candidate Name

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

State: District:

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4163

Amount of Each Disbursement this Period: 8849.95

Memo Item

Full Name (Last, First, Middle Initial)
C. COMMUNITY GROWTH COUNCIL

Mailing Address 13635 WEST OLD OAK LANE

City NEW BERLIN State WI Zip Code 53151

Purpose of Disbursement DONOR OUTREACH

Candidate Name

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

State: District:

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4164

Amount of Each Disbursement this Period: 8798.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23937.01

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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. GSI, INC

Full Name (Last, First, Middle Initial)

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4166

Amount of Each Disbursement this Period: 8876.81

Memo Item

B. GSI, INC

Full Name (Last, First, Middle Initial)

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4167

Amount of Each Disbursement this Period: 9336.80

Memo Item

C. GSI, INC

Full Name (Last, First, Middle Initial)

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4168

Amount of Each Disbursement this Period: 9580.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 27793.61

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial) A. LIFELINE SERVICES, INC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018	
Mailing Address 5622 Marine Parkway, Suite 9		FEC Identification Number C [] Transaction ID : SB21B.4173 Amount of Each Disbursement this Period 5776.19	
City New Port Richey	State FL	Zip Code 34652	Category/ Type []
Purpose of Disbursement DONOR OUTREACH		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. LIFELINE SERVICES, INC		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018	
Mailing Address 5622 Marine Parkway, Suite 9		FEC Identification Number C [] Transaction ID : SB21B.4174 Amount of Each Disbursement this Period 8641.14	
City New Port Richey	State FL	Zip Code 34652	Category/ Type []
Purpose of Disbursement DONOR OUTREACH		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. LIFELINE SERVICES, INC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018	
Mailing Address 5622 Marine Parkway, Suite 9		FEC Identification Number C [] Transaction ID : SB21B.4175 Amount of Each Disbursement this Period 3059.84	
City New Port Richey	State FL	Zip Code 34652	Category/ Type []
Purpose of Disbursement DONOR OUTREACH		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	17477.17
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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial)
A. MARKET PROCESS GROUP

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4177

Amount of Each Disbursement this Period: 133257.26

Memo Item

Full Name (Last, First, Middle Initial)
B. MARKET PROCESS GROUP

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4178

Amount of Each Disbursement this Period: 146463.39

Memo Item

Full Name (Last, First, Middle Initial)
C. MARKET PROCESS GROUP

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4179

Amount of Each Disbursement this Period: 156190.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 435911.26

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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial)

A. OSI

Mailing Address 1629 K ST. N.W.

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

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	/	02	/	2018

FEC Identification Number

C []
Transaction ID : SB21B.4186
Amount of Each Disbursement this Period
[] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. OSI

Mailing Address 1629 K ST. N.W.

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

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	/	02	/	2018

FEC Identification Number

C []
Transaction ID : SB21B.4187
Amount of Each Disbursement this Period
[] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PLEDGE ASSISTANCE, LLC

Mailing Address 30 N Gould Street, #5915

City
Sheridan

State
WY

Zip Code
82801

Purpose of Disbursement
DONOR OUTREACH

Candidate Name

Category/
Type

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	/	31	/	2018

FEC Identification Number

C []
Transaction ID : SB21B.4191
Amount of Each Disbursement this Period
[] 122218.81

Memo Item

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

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

[] 122418.81

[]

**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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial) A. PLEDGE ASSISTANCE, LLC		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018	
Mailing Address 30 N Gould Street, #5915			
City Sheridan	State WY	Zip Code 82801	
Purpose of Disbursement DONOR OUTREACH		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 147182.79		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. PLEDGE ASSISTANCE, LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018	
Mailing Address 30 N Gould Street, #5915			
City Sheridan	State WY	Zip Code 82801	
Purpose of Disbursement DONOR OUTREACH		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 96680.79		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. PREMIER CALLING, INC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018	
Mailing Address 10432 US HWY 19			
City Port Richey	State FL	Zip Code 34668	
Purpose of Disbursement DONOR OUTREACH		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 3550.10		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	247413.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. PREMIER CALLING, INC

Full Name (Last, First, Middle Initial)

Mailing Address 10432 US HWY 19

City Port Richey State FL Zip Code 34668

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4196

Amount of Each Disbursement this Period: 9003.50

Memo Item

B. PREMIER CALLING, INC

Full Name (Last, First, Middle Initial)

Mailing Address 10432 US HWY 19

City Port Richey State FL Zip Code 34668

Purpose of Disbursement DONOR OUTREACH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4197

Amount of Each Disbursement this Period: 2641.38

Memo Item

C. TAMPA MEDIA

Full Name (Last, First, Middle Initial)

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4200

Amount of Each Disbursement this Period: 3110.00

Memo Item

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

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

14754.88

**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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial)
A. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4201

Amount of Each Disbursement this Period: 5200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4202

Amount of Each Disbursement this Period: 7110.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4203

Amount of Each Disbursement this Period: 4510.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16820.00

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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial)
A. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4198

Amount of Each Disbursement this Period: 6700.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period: 7100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4204

Amount of Each Disbursement this Period: 7900.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 21700.00

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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial) A. TAMPA MEDIA		Date of Disbursement MM / DD / YYYY 02 / 20 / 2018
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4184 Amount of Each Disbursement this Period 99.00
City TAMPA	State FL	Zip Code 33637
Purpose of Disbursement MEDIA	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) B. TAMPA MEDIA		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4205 Amount of Each Disbursement this Period 9800.00
City TAMPA	State FL	Zip Code 33637
Purpose of Disbursement MEDIA	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) C. TAMPA MEDIA		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4206 Amount of Each Disbursement this Period 8000.00
City TAMPA	State FL	Zip Code 33637
Purpose of Disbursement MEDIA	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
SUBTOTAL of Disbursements This Page (optional).....▶		17899.00
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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

Full Name (Last, First, Middle Initial)
A. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4207

Amount of Each Disbursement this Period: 10200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4208

Amount of Each Disbursement this Period: 8500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TAMPA MEDIA

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period: 8400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 27100.00

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)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR

A. TAMPA MEDIA

Full Name (Last, First, Middle Initial)

Mailing Address 7320 E Fletcher Ave

City TAMPA State FL Zip Code 33637

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period: 7200.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7200.00
TOTAL This Period (last page this line number only).....▶	983164.35