

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="4251.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="931350.36"/>	<input type="text" value="1919278.55"/>
(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="935602.08"/>	<input type="text" value="1919342.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="932068.21"/>	<input type="text" value="1915808.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3533.87"/>	<input type="text" value="3533.87"/>
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 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).....	10745.00	19245.00
(ii) Unitemized	920605.36	1900033.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	931350.36	1919278.55
(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)	931350.36	1919278.55
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)).....▶	931350.36	1919278.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	931350.36	1919278.55

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	923168.21	1906908.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	923168.21	1906908.54
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)	8900.00	8900.00
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)) ..	932068.21	1915808.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	932068.21	1915808.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	931350.36	1919278.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	931350.36	1919278.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	923168.21	1906908.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	923168.21	1906908.54

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 H-CB

Form/Schedule: F3XN
Transaction ID :

Our 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. For reporting purposes we have used the term "Donor Outreach" on our Schedule B supporting line 21(b). We have contracted multiple companies to provide "Donor Outreach" services for us. "Donor Outreach" services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition.

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 32
	<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	

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. ABDUL, MOHAMMED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8776 CROCUS CT

City ELK GROVE	State CA	Zip Code 95624
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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
 04 / 24 / 2018

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
 300.00

Memo Item

B. ALI, KANIWAR, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1580

City LA VERGNE	State TN	Zip Code 37086
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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 ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2018

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period
 200.00

Memo Item

C. ANDERSON, DANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 337 MOUNT LEBANON CHURCH RD

City GREER	State SC	Zip Code 29651
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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
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2018

Transaction ID : SA11AI.4258

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 8 OF 32
	<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. ARMADAVALLEE, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33000 MARSH HAWK RD
 City UNION CITY State CA Zip Code 94587
 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 ▼ 250.00

Date of Receipt 05 / 21 / 2018
Transaction ID : SA11AI.4326
 Amount of Each Receipt this Period 100.00
 Memo Item

B. BHALLA, ALOK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1958 ARMONDO CT
 City PLEASANTON State CA Zip Code 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Merchandise Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2018
Transaction ID : SA11AI.4228
 Amount of Each Receipt this Period 250.00
 Memo Item

C. BONNEY, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15711 FOUR LEAF DR
 City HOUSTON State TX Zip Code 77084
 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 05 / 04 / 2018
Transaction ID : SA11AI.4230
 Amount of Each Receipt this Period 500.00
 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 9 OF 32
	<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. BORELLI, JEFFERY, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15729 MIDWAY RD
 City LOS BANOS State CA Zip Code 93635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Borelli Real Estate Services Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 02 / 2018**
Transaction ID : SA11AI.4293
 Amount of Each Receipt this Period 250.00
 Memo Item

B. BUTCHER, PAULA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6520 WINSTON BROWN RD
 City MILTON State FL Zip Code 32570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Santa Rose County School Board Occupation (for Individual) Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 20 / 2018**
Transaction ID : SA11AI.4357
 Amount of Each Receipt this Period 200.00
 Memo Item

C. CHACON, PETRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28749 LIVE OAK CANYON RD
 City REDLANDS State CA Zip Code 92373
 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 ▼ 750.00

Date of Receipt **06 / 18 / 2018**
Transaction ID : SA11AI.4362
 Amount of Each Receipt this Period 750.00
 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 32
	<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. CHEN, WENTIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2511 BARCELONA WAY
 City LEAGUE CITY State TX Zip Code 77573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Papa Chen China Diner Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2018
Transaction ID : SA11AI.4395
 Amount of Each Receipt this Period 300.00
 Memo Item

B. CONLEY, BENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 S SHORE DR
 City AMARILLO State TX Zip Code 79118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Conley Hereford Ranching Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2018
Transaction ID : SA11AI.4236
 Amount of Each Receipt this Period 200.00
 Memo Item

C. COVERT, MARGARET, WYNN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 COBBLESTONE BLVD
 City ELKHART State IN Zip Code 46514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Foundation of Elkhart County Occupation (for Individual) Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2018
Transaction ID : SA11AI.4320
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<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. DUNCAN, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10279 VERANDA WOODS CV
 City ARLINGTON State TN Zip Code 38002
 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 05 / 31 / 2018
Transaction ID : SA11AI.4252
 Amount of Each Receipt this Period 300.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roberts-McNutt Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 05 / 25 / 2018
Transaction ID : SA11AI.4339
 Amount of Each Receipt this Period 20.00
 Memo Item

C. HADFIELD, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City PAOLI State OK Zip Code 73074
 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 06 / 07 / 2018
Transaction ID : SA11AI.4311
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	570.00
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 32
	<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. HADFIELD, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25

City PAOLI	State OK	Zip Code 73074
---------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2018

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period
 100.00

Memo Item

B. 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
------------------------	-------------	-------------------

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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period
 100.00

Memo Item

C. JOHNSEINE, ROBERT, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9805 NE 116TH ST STE 7499

City KIRKLAND	State WA	Zip Code 98034
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Weidner Apartment Homes	Occupation (for Individual) Senior Director of Design and Construc
--	---

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
 06 / 27 / 2018

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 13 OF 32
(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. JOINER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 RUSSELL PKWY
 City GREAT BEND State KS Zip Code 67530
 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 05 / 16 / 2018
Transaction ID : SA11AI.4335
 Amount of Each Receipt this Period 300.00
 Memo Item

B. JOSLIN, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 WILKINSON TRCE APT 186
 City BOWLING GREEN State KY Zip Code 42103
 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 05 / 22 / 2018
Transaction ID : SA11AI.4380
 Amount of Each Receipt this Period 200.00
 Memo Item

C. KING, PETER, DAVID, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 EAST ST N
 City GOSHEN State CT Zip Code 06756
 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 ▼ 225.00

Date of Receipt 06 / 18 / 2018
Transaction ID : SA11AI.4360
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LAMASTER, BRANDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 PAINT BRUSH RD
 City LAKESIDE State TX Zip Code 76108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bab Clam, Inc. Occupation (for Individual) President
 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
 05 / 09 / 2018
Transaction ID : SA11AI.4238
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. LEVIN, DOROTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1070 LEMON ST
 City SANTA BARBARA State CA Zip Code 93108
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2018
Transaction ID : SA11AI.4269
 Amount of Each Receipt this Period
 650.00
 Memo Item

C. LOWE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2975 ROHRER DR
 City LAFAYETTE State CA Zip Code 94549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mechanics Bank Occupation (for Individual) Vice President/Commercial Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2018
Transaction ID : SA11AI.4390
 Amount of Each Receipt this Period
 250.00
 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 15 OF 32
	<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. ORIGINALES, CONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1706 JENNY LN
 City RICHMOND State TX Zip Code 77469
 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 ▼ 1000.00

Date of Receipt 06 / 10 / 2018
Transaction ID : SA11AI.4256
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. PAUL, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2987 BOOKSIN AVE
 City SAN JOSE State CA Zip Code 95125
 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 ▼ 250.00

Date of Receipt 04 / 03 / 2018
Transaction ID : SA11AI.4288
 Amount of Each Receipt this Period 250.00
 Memo Item

C. PAUL, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2987 BOOKSIN AVE
 City SAN JOSE State CA Zip Code 95125
 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 05 / 15 / 2018
Transaction ID : SA11AI.4289
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
<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. PETERS, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 7 LKS N
 City WEST END State NC Zip Code 27376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandhills Farm to Table Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 13 / 2018**
Transaction ID : SA11AI.4377
 Amount of Each Receipt this Period 300.00
 Memo Item

B. PETET, LYLE, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18901 SE 281ST ST
 City KENT State WA Zip Code 98042
 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 ▼ 275.00

Date of Receipt **06 / 20 / 2018**
Transaction ID : SA11AI.4318
 Amount of Each Receipt this Period 200.00
 Memo Item

C. 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 ▼ 325.00

Date of Receipt **06 / 22 / 2018**
Transaction ID : SA11AI.4246
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<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. 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2018

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 2348 CLEMENT ST

City SAN FRANCISCO	State CA	Zip Code 94121
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Gentle Touch Fertility Services	Occupation (for Individual) Founder
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2018

Transaction ID : SA11AI.4374

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 560 N CHURCH ST

City CHARLOTTE	State NC	Zip Code 28202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Independent Government Administration	Occupation (for Individual) Administrator
--	--

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
 04 / 16 / 2018

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 18 OF 32
	<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. SMITH, ERMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 TANGLEWOOD CT
 City NORRISTOWN State PA Zip Code 19403
 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 06 / 19 / 2018
Transaction ID : SA11AI.4273
 Amount of Each Receipt this Period 300.00
 Memo Item

B. STANFORD, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9025
 City VERHALEN State TX Zip Code 79772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford Ranch Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 06 / 2018
Transaction ID : SA11AI.4245
 Amount of Each Receipt this Period 300.00
 Memo Item

C. THOMAS, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11750 W INTERSTATE 20
 City MILLSAP State TX Zip Code 76066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dorison-Thomas Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 10 / 2018
Transaction ID : SA11AI.4346
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 19 OF 32
(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. TURNER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 E LISA ST
 City HEBBRONVILLE State TX Zip Code 78361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMDZ Drilling Fluids and Solids Contro Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2018
Transaction ID : SA11AI.4298
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ZHANG, XIAO, QUI, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 HAGEN DR
 City ALHAMBRA State CA Zip Code 91803
 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 04 / 13 / 2018
Transaction ID : SA11AI.4401
 Amount of Each Receipt this Period 300.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	10745.00

**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

Full Name (Last, First, Middle Initial) A. COMMUNITY CARE UNITED LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 399 Pearl Street		FEC Identification Number C [] Transaction ID : SB21B.4421 Amount of Each Disbursement this Period [] 57.75
City Woodbridge	State NJ	Zip Code 07095
Purpose of Disbursement Donor Outreach		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COMMUNITY CARE UNITED LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018
Mailing Address 399 Pearl Street		FEC Identification Number C [] Transaction ID : SB21B.4422 Amount of Each Disbursement this Period [] 8.25
City Woodbridge	State NJ	Zip Code 07095
Purpose of Disbursement Donor Outreach		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COMMUNITY GROWTH COUNCIL		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 13635 WEST OLD OAK LANE		FEC Identification Number C [] Transaction ID : SB21B.4423 Amount of Each Disbursement this Period [] 13146.86
City NEW BERLIN	State WI	Zip Code 53151
Purpose of Disbursement Donor Outreach		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 13212.86
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COMMUNITY GROWTH COUNCIL		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018
Mailing Address 13635 WEST OLD OAK LANE		FEC Identification Number C [] Transaction ID : SB21B.4424 Amount of Each Disbursement this Period [] 15527.50
City NEW BERLIN	State WI	Zip Code 53151
Purpose of Disbursement Donor Outreach		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COMMUNITY GROWTH COUNCIL		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018
Mailing Address 13635 WEST OLD OAK LANE		FEC Identification Number C [] Transaction ID : SB21B.4425 Amount of Each Disbursement this Period [] 12355.72
City NEW BERLIN	State WI	Zip Code 53151
Purpose of Disbursement Donor Outreach		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GSI, INC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 6655 Chicago Rd, Suite 9		FEC Identification Number C [] Transaction ID : SB21B.4426 Amount of Each Disbursement this Period [] 9404.80
City Warren	State MI	Zip Code 48092
Purpose of Disbursement Donor Outreach		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 37288.02
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. GSI, INC

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4427
Amount of Each Disbursement this Period: 9633.60

Memo Item

Full Name (Last, First, Middle Initial)
B. GSI, INC

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4428
Amount of Each Disbursement this Period: 7370.55

Memo Item

Full Name (Last, First, Middle Initial)
C. LIFELINE SERVICES, INC

Date of Disbursement: MM / DD / YYYY
04 / 30 / 2018

Mailing Address 5622 Marine Parkway, Suite 9

City New Port Richey State FL Zip Code 34652

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.4429
Amount of Each Disbursement this Period: 1932.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18937.14

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
05 / 31 / 2018

Mailing Address 5622 Marine Parkway, Suite 9

City New Port Richey State FL Zip Code 34652

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : SB21B.4430
Amount of Each Disbursement this Period
1453.61

Memo Item

Full Name (Last, First, Middle Initial)
B. LIFELINE SERVICES, INC

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2018

Mailing Address 5622 Marine Parkway, Suite 9

City New Port Richey State FL Zip Code 34652

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : SB21B.4431
Amount of Each Disbursement this Period
1180.05

Memo Item

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

Date of Disbursement
MM / DD / YYYY
04 / 30 / 2018

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
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : SB21B.4432
Amount of Each Disbursement this Period
156359.21

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 158992.87

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. MARKET PROCESS GROUP

Full Name (Last, First, Middle Initial)

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4433

Amount of Each Disbursement this Period: 152797.37

Memo Item

B. MARKET PROCESS GROUP

Full Name (Last, First, Middle Initial)

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4434

Amount of Each Disbursement this Period: 164269.15

Memo Item

C. OSI

Full Name (Last, First, Middle Initial)

Mailing Address 1629 K ST. N.W.

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement RENT

Candidate Name

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

State: District:

Date of Disbursement: 04 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4418

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 317166.52

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. OSI

Full Name (Last, First, Middle Initial)

Mailing Address 1629 K ST. N.W.

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4419

Amount of Each Disbursement this Period: 100.00

Memo Item

B. OSI

Full Name (Last, First, Middle Initial)

Mailing Address 1629 K ST. N.W.

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4420

Amount of Each Disbursement this Period: 100.00

Memo Item

C. PLEDGE ASSISTANCE, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 30 N Gould Street, #5915

City Sheridan State WY Zip Code 82801

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
04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4435

Amount of Each Disbursement this Period: 67946.71

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 68146.71

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. PLEDGE ASSISTANCE, LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018	
Mailing Address 30 N Gould Street, #5915		FEC Identification Number C [] Transaction ID : SB21B.4436 Amount of Each Disbursement this Period [] 124753.65	
City Sheridan	State WY	Zip Code 82801	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. PLEDGE ASSISTANCE, LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address 30 N Gould Street, #5915		FEC Identification Number C [] Transaction ID : SB21B.4437 Amount of Each Disbursement this Period [] 96049.04	
City Sheridan	State WY	Zip Code 82801	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. PREMIER CALLING, INC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 10432 US HWY 19		FEC Identification Number C [] Transaction ID : SB21B.4438 Amount of Each Disbursement this Period [] 2252.55	
City Port Richey	State FL	Zip Code 34668	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).....▶	[] 223055.24
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. PREMIER CALLING, INC

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4439
Amount of Each Disbursement this Period: 1250.22

Memo Item

Full Name (Last, First, Middle Initial)
B. PREMIER CALLING, INC

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4440
Amount of Each Disbursement this Period: 465.77

Memo Item

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

Date of Disbursement: MM / DD / YYYY
04 / 06 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4405
Amount of Each Disbursement this Period: 6948.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8664.15

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
04 / 13 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4406
Amount of Each Disbursement this Period: 7300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tampa Media Marketing

Date of Disbursement: MM / DD / YYYY
04 / 20 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4408
Amount of Each Disbursement this Period: 7500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Tampa Media Marketing

Date of Disbursement: MM / DD / YYYY
04 / 27 / 2018

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:

FEC Identification Number: C
Transaction ID : SB21B.4409
Amount of Each Disbursement this Period: 7200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22000.00

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 Marketing

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: 05 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4410

Amount of Each Disbursement this Period: 5500.00

Memo Item

B. Tampa Media Marketing

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: 05 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4411

Amount of Each Disbursement this Period: 6200.00

Memo Item

C. Tampa Media Marketing

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: 05 / 18 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4412

Amount of Each Disbursement this Period: 7700.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19400.00

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 Marketing		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4413 Amount of Each Disbursement this Period 9300.00	
City TAMPA	State FL	Zip Code 33637	Category/ Type []
Purpose of Disbursement MEDIA		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. Tampa Media Marketing		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4414 Amount of Each Disbursement this Period 7900.00	
City TAMPA	State FL	Zip Code 33637	Category/ Type []
Purpose of Disbursement MEDIA		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. Tampa Media Marketing		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4415 Amount of Each Disbursement this Period 4700.00	
City TAMPA	State FL	Zip Code 33637	Category/ Type []
Purpose of Disbursement MEDIA		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).....▶	21900.00
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 Marketing		Date of Disbursement MM / DD / YYYY 06 / 15 / 2018	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4416 Amount of Each Disbursement this Period 6400.00	
City TAMPA	State FL	Zip Code 33637	Category/ Type []
Purpose of Disbursement MEDIA		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. Tampa Media Marketing		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018	
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [] Transaction ID : SB21B.4417 Amount of Each Disbursement this Period 7900.00	
City TAMPA	State FL	Zip Code 33637	Category/ Type []
Purpose of Disbursement MEDIA		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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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).....▶	14300.00
TOTAL This Period (last page this line number only).....▶	923063.51

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
HEROES UNITED PAC, DBA VOLUNTEER FIREFIGHTERS ASSOCIATION, DBA ASSOCIATION OF POLICE & FIR
FEC IDENTIFICATION NUMBER
C C00647701

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

Full Name of Payee
Tampa Media Marketing
Mailing Address
7320 E Fletcher Ave
City
TAMPA State
FL Zip Code
33637
Purpose of Expenditure
ADVERTISING - RADIO Category/Type
004

Date of Public Distribution/Dissemination
06 / 25 / 2018
Amount
8900.00
Transaction ID : SE.4444
Date of Disbursement or Obligation
06 / 22 / 2018

Name of Federal Candidate:
CRIST, CHARLIE JOSEPH, , ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
8900.00

Office Sought:
House
District: 13
State: FL
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

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

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

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 8900.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 8900.00

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

BASS, ZACHARY, , , [Electronically Filed]
Signature

Date
07 / 14 / 2018