

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 1629 K ST N.W.

Check if different than previously reported. (ACC) SUITE 300

WASHINGTON DC 20006

2. **FEC IDENTIFICATION NUMBER** ▼ C C00647701 **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:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2019 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2019

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 M M / D D / Y Y Y Y Y Y 07 / 13 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>	<input type="text" value="20420.76"/>	<input type="text" value="20420.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20420.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1692778.03"/>	<input type="text" value="1692778.03"/>
(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="1713198.79"/>	<input type="text" value="1713198.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1692209.65"/>	<input type="text" value="1692209.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20989.14"/>	<input type="text" value="20989.14"/>
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)

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 01 / 01 / 2019 To: M M / D D / Y Y Y Y 06 / 30 / 2019

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32641.00	32641.00
(ii) Unitemized	1660137.03	1660137.03
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	1692778.03	1692778.03
(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)	1692778.03	1692778.03
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)).....▶	1692778.03	1692778.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1692778.03	1692778.03

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	1601709.65	1601709.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1601709.65	1601709.65
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)	90500.00	90500.00
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)) ..	1692209.65	1692209.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1692209.65	1692209.65

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)	1692778.03	1692778.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1692778.03	1692778.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1601709.65	1601709.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1601709.65	1601709.65

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5H-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. 'DonorOutreach' 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 82
	<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. 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
 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 ▼ 500.00

Date of Receipt **02 / 10 / 2019**
Transaction ID : SA11AI.5757
 Amount of Each Receipt this Period 500.00
 Memo Item

B. ANDERSON, TERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 602 S MARY ST
 City CRANE State TX Zip Code 79731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SSI Occupation (for Individual) SSI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 26 / 2019**
Transaction ID : SA11AI.5911
 Amount of Each Receipt this Period 200.00
 Memo Item

C. ARGUETA, PEDRO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 RANDALL
 City COLESVILLE State MD Zip Code 20904
 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 **01 / 29 / 2019**
Transaction ID : SA11AI.5903
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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 82
	<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. ARGUETA, PEDRO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 RANDALL
 City COLESVILLE State MD Zip Code 20904
 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 06 / 14 / 2019
Transaction ID : SA11AI.5739
 Amount of Each Receipt this Period 50.00
 Memo Item

B. AYERS, MERCEDES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6351 RANCHITO AVE APT 103
 City VAN NUYS State CA Zip Code 91401
 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 03 / 27 / 2019
Transaction ID : SA11AI.5796
 Amount of Each Receipt this Period 200.00
 Memo Item

C. AYERS, MERCEDES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6351 RANCHITO AVE APT 103
 City VAN NUYS State CA Zip Code 91401
 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 06 / 04 / 2019
Transaction ID : SA11AI.5795
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 82
<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. BARUCK, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 1202**
 City **PEBBLE BEACH** State **CA** Zip Code **93953**
 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 / 11 / 2019**
Transaction ID : SA11AI.5802
 Amount of Each Receipt this Period **150.00**
 Memo Item

B. BAXTER, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **1935 11TH ST**
 City **SANTA MONICA** State **CA** Zip Code **90404**
 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 ▼ **235.00**

Date of Receipt **03 / 01 / 2019**
Transaction ID : SA11AI.5877
 Amount of Each Receipt this Period **200.00**
 Memo Item

C. BAXTER, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **1935 11TH ST**
 City **SANTA MONICA** State **CA** Zip Code **90404**
 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 ▼ **285.00**

Date of Receipt **05 / 22 / 2019**
Transaction ID : SA11AI.5792
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 82
	<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. BAXTER, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1935 11TH ST
 City SANTA MONICA State CA Zip Code 90404
 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 ▼ 345.00

Date of Receipt 05 / 28 / 2019
Transaction ID : SA11AI.5793
 Amount of Each Receipt this Period 60.00
 Memo Item

B. BENAVIDES, APRIL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2811 WOODLAND GLEN LN
 City CONROE State TX Zip Code 77385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROCHA CONSULTING Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2019
Transaction ID : SA11AI.5827
 Amount of Each Receipt this Period 300.00
 Memo Item

C. BETTERTON, TAMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2145 FM 161 N
 City HUGHES SPRINGS State TX Zip Code 75656
 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 02 / 11 / 2019
Transaction ID : SA11AI.5858
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1110.00
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 82
	<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. BIGGS, KAAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 BOGEY DR
 City SPRINGDALE State AR Zip Code 72764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 12 / 2019
Transaction ID : SA11AI.5852
 Amount of Each Receipt this Period 300.00
 Memo Item

B. BLAIR, SUZANNE H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 GREENWAY DR
 City HIGH POINT State NC Zip Code 27262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) housewife Occupation (for Individual) HOUSEWIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2019
Transaction ID : SA11AI.5695
 Amount of Each Receipt this Period 300.00
 Memo Item

C. BOEMAN, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9320 EARL ST UNIT 9
 City LA MESA State CA Zip Code 91942
 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 / 05 / 2019
Transaction ID : SA11AI.5800
 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: (check only one)	PAGE 12 OF 82
	<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. BONAVIDA, EJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 WASHINGTON BLVD

City PITTSBURGH	State PA	Zip Code 15237
--------------------	-------------	-------------------

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
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2019

Transaction ID : SA11AI.5736

Amount of Each Receipt this Period
 250.00

Memo Item

B. BORT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 SIERRA GARDENS DR APT A

City ROSEVILLE	State CA	Zip Code 95661
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2019

Transaction ID : SA11AI.5693

Amount of Each Receipt this Period
 225.00

Memo Item

C. BOWLES, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10018 OLDRUTLEDGE HIKE

City MASCOT	State TN	Zip Code 37806
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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 / D D / Y Y Y Y Y Y
 06 / 17 / 2019

Transaction ID : SA11AI.5762

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 82
	<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. BRADSHAW, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 743 HAWKSBILL ISLAND DR
 City MELBOURNE State FL Zip Code 32937
 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 / 02 / 2019
Transaction ID : SA11AI.5760
 Amount of Each Receipt this Period 100.00
 Memo Item

B. BREM, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 COUNTRY CLUB DR APT 206
 City MANCHESTER State NH Zip Code 03102
 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 ▼ 365.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.5708
 Amount of Each Receipt this Period 365.00
 Memo Item

C. BRENT, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95-139 HAMUMU PL
 City MILILANI State HI Zip Code 96789
 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 02 / 05 / 2019
Transaction ID : SA11AI.5813
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	765.00
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 82
	<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. BURDREAU, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 LOOMIS ST
 City WESTFIELD State MA Zip Code 01085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) self employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 06 / 25 / 2019
Transaction ID : SA11AI.5902
 Amount of Each Receipt this Period 150.00
 Memo Item

B. BURGESS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 IVEY TRACE CT
 City COCKEYSVILLE State MD Zip Code 21030
 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 ▼ 240.00

Date of Receipt 05 / 14 / 2019
Transaction ID : SA11AI.5741
 Amount of Each Receipt this Period 240.00
 Memo Item

C. BURKE, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 KIMBALL WAY
 City NEWMARKET State NH Zip Code 03857
 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 ▼ 240.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.5725
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	630.00
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 82
	<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. BURTON, VALERIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12503 123RD ST E # 78
 City PUYALLUP State WA Zip Code 98374
 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 04 / 16 / 2019
Transaction ID : SA11AI.5887
 Amount of Each Receipt this Period 300.00
 Memo Item

B. BURTON, VALERIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12503 123RD ST E # 78
 City PUYALLUP State WA Zip Code 98374
 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 ▼ 700.00

Date of Receipt 06 / 11 / 2019
Transaction ID : SA11AI.5816
 Amount of Each Receipt this Period 200.00
 Memo Item

C. BUSSE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 BYRON ST APT 308
 City PALO ALTO State CA Zip Code 94301
 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 01 / 25 / 2019
Transaction ID : SA11AI.5806
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 16 OF 82
(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. BUSSE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 BYRON ST APT 308
 City PALO ALTO State CA Zip Code 94301
 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 ▼ 450.00

Date of Receipt 04 / 24 / 2019
Transaction ID : SA11AI.5804
 Amount of Each Receipt this Period 150.00
 Memo Item

B. BUSSE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 BYRON ST APT 308
 City PALO ALTO State CA Zip Code 94301
 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 ▼ 950.00

Date of Receipt 05 / 23 / 2019
Transaction ID : SA11AI.5881
 Amount of Each Receipt this Period 500.00
 Memo Item

C. BUSSE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 BYRON ST APT 308
 City PALO ALTO State CA Zip Code 94301
 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 ▼ 1250.00

Date of Receipt 05 / 28 / 2019
Transaction ID : SA11AI.5805
 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 17 OF 82
<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. BUSTILLOS, RAMON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 ICHABOD CT

City IRVING	State TX	Zip Code 75061
----------------	-------------	-------------------

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 ▼
 251.00

Date of Receipt
 06 / 27 / 2019
Transaction ID : SA11AI.5855

Amount of Each Receipt this Period
 150.00

Memo Item

B. C/O MR. RAKESH, MARLBORO LIQUORS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5725 CRAIN HWY

City UPPER MARLBORO	State MD	Zip Code 20772
------------------------	-------------	-------------------

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 / 25 / 2019
Transaction ID : SA11AI.5737

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 247 KAST HILL RD

City HOPKINTON	State NH	Zip Code 03229
-------------------	-------------	-------------------

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
 06 / 28 / 2019
Transaction ID : SA11AI.5712

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 18 OF 82
	<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. CIPRA, DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 73741**
 City **FAIRBANKS** State **AK** Zip Code **99707**
 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 ▼ **335.00**

Date of Receipt **06 / 08 / 2019**
Transaction ID : SA11AI.5818
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. COCHRANE, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **335 REFLECTIONS CIR APT 17**
 City **SAN RAMON** State **CA** Zip Code **94583**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Best Efforts** Occupation (for Individual) **Best Efforts**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 28 / 2019**
Transaction ID : SA11AI.5882
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. CROSS, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **12 HARVARD ST**
 City **RUTLAND** State **VT** Zip Code **05701**
 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 / 17 / 2019**
Transaction ID : SA11AI.5728
 Amount of Each Receipt this Period **100.00**
 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: (check only one)	PAGE 19 OF 82
<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. CROSS, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 HARVARD ST
 City RUTLAND State VT Zip Code 05701
 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 ▼ 450.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : SA11AI.5731
 Amount of Each Receipt this Period 200.00
 Memo Item

B. CROSS, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 HARVARD ST
 City RUTLAND State VT Zip Code 05701
 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 ▼ 600.00

Date of Receipt **06 / 15 / 2019**
Transaction ID : SA11AI.5730
 Amount of Each Receipt this Period 150.00
 Memo Item

C. DIETZEN, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 SANDY POINT RD
 City WIMBERLEY State TX Zip Code 78676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 17 / 2019**
Transaction ID : SA11AI.5904
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 20 OF 82
	<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. DIMITROFF I, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 DUNBARTON RD APT 15
 City MANCHESTER State NH Zip Code 03102
 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 / 2019
Transaction ID : SA11AI.5706
 Amount of Each Receipt this Period 300.00
 Memo Item

B. DOUCETTE, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 WOODBINE RD
 City NORWOOD State MA Zip Code 02062
 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 ▼ 210.00

Date of Receipt 06 / 10 / 2019
Transaction ID : SA11AI.5698
 Amount of Each Receipt this Period 110.00
 Memo Item

C. EDMONSON, DIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 THACKERY ST
 City DALLAS State TX Zip Code 75225
 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 06 / 23 / 2019
Transaction ID : SA11AI.5857
 Amount of Each Receipt this Period 125.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 82
	<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. FLORES, YVETTE G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2319 MCGEE AVE

City BERKELEY	State CA	Zip Code 94703
------------------	-------------	-------------------

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

Name of Employer (for Individual) PROFFESOR	Occupation (for Individual) UNIVERSITY OF CALIFORNIA
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 06 / 24 / 2019
Transaction ID : SA11AI.5915

Amount of Each Receipt this Period
 250.00

Memo Item

B. FLYNN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 427

City NORTH FALMOUTH	State MA	Zip Code 02556
------------------------	-------------	-------------------

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

Name of Employer (for Individual) ELECTED OFFICIAL	Occupation (for Individual) ELECTED OFFICIAL
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2019
Transaction ID : SA11AI.5889

Amount of Each Receipt this Period
 100.00

Memo Item

C. FLYNN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 427

City NORTH FALMOUTH	State MA	Zip Code 02556
------------------------	-------------	-------------------

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

Name of Employer (for Individual) ELECTED OFFICIAL	Occupation (for Individual) ELECTED OFFICIAL
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 04 / 24 / 2019
Transaction ID : SA11AI.5702

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 22 OF 82
	<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. FRANK, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 GULLY TAVERN RD
 City RICE State VA Zip Code 23966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 21 / 2019
Transaction ID : SA11AI.5819
 Amount of Each Receipt this Period 300.00
 Memo Item

B. GARVEMS, JAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 N 4TH ST
 City WATERTOWN State WI Zip Code 53098
 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 03 / 03 / 2019
Transaction ID : SA11AI.5845
 Amount of Each Receipt this Period 250.00
 Memo Item

C. GRIEVE, WANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2456 TREELANE AVE
 City MONROVIA State CA Zip Code 91016
 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 04 / 16 / 2019
Transaction ID : SA11AI.5880
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 23 OF 82
	<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. GRIEVE, WANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2456 TREELANE AVE
 City MONROVIA State CA Zip Code 91016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 19 / 2019
Transaction ID : SA11AI.5879
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GRIEVE, WANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2456 TREELANE AVE
 City MONROVIA State CA Zip Code 91016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 22 / 2019
Transaction ID : SA11AI.5798
 Amount of Each Receipt this Period 75.00
 Memo Item

C. GRUBB, WILLIAM R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6015 W 119TH ST APT 2110
 City OVERLAND PARK State KS Zip Code 66209
 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 ▼ 1000.00

Date of Receipt 02 / 20 / 2019
Transaction ID : SA11AI.5847
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 24 OF 82
	<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. HAMILTON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 TRENTON BLVD
 City SEA GIRT State NJ Zip Code 08750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2019
Transaction ID : SA11AI.5891
 Amount of Each Receipt this Period 300.00
 Memo Item

B. HAWKINS, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 705
 City CLARKSTON State WA Zip Code 99403
 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 / 07 / 2019
Transaction ID : SA11AI.5888
 Amount of Each Receipt this Period 500.00
 Memo Item

C. HINCH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1114 EAGLE DR
 City BRIGHTON State CO Zip Code 80601
 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 ▼ 240.00

Date of Receipt 05 / 22 / 2019
Transaction ID : SA11AI.5862
 Amount of Each Receipt this Period 50.00
 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 25 OF 82
	<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. HUBBARD, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 E HORSESHOE PL
 City CHANDLER State AZ Zip Code 85249
 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 / 31 / 2019
Transaction ID : SA11AI.5787
 Amount of Each Receipt this Period 250.00
 Memo Item

B. HURLEY, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6251 OLD DOMINION DR APT 309
 City MC LEAN State VA Zip Code 22101
 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 01 / 10 / 2019
Transaction ID : SA11AI.5749
 Amount of Each Receipt this Period 250.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENIOR DIECTOR OF DESIGN AND CONSTRUCT Occupation (for Individual) WEIDNER APARTMENT HOMES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 26 / 2019
Transaction ID : SA11AI.5916
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 26 OF 82
<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. JOHNSON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 S BELT W APT 139

City BELLEVILLE	State IL	Zip Code 62220
--------------------	-------------	-------------------

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
 06 / 04 / 2019
Transaction ID : SA11AI.5771

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 9975 E ADRIANNE PL

City TUCSON	State AZ	Zip Code 85730
----------------	-------------	-------------------

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
 04 / 16 / 2019
Transaction ID : SA11AI.5871

Amount of Each Receipt this Period
 350.00

Memo Item

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

Mailing Address 9975 E ADRIANNE PL

City TUCSON	State AZ	Zip Code 85730
----------------	-------------	-------------------

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 ▼
 850.00

Date of Receipt
 04 / 19 / 2019
Transaction ID : SA11AI.5872

Amount of Each Receipt this Period
 500.00

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 27 OF 82
	<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. JOHNSON, MOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9975 E ADRIANNE PL

City TUCSON	State AZ	Zip Code 85730
----------------	-------------	-------------------

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 ▼
 1050.00

Date of Receipt
 04 / 29 / 2019
Transaction ID : SA11AI.5789

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 9975 E ADRIANNE PL

City TUCSON	State AZ	Zip Code 85730
----------------	-------------	-------------------

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 ▼
 1250.00

Date of Receipt
 05 / 07 / 2019
Transaction ID : SA11AI.5788

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 23243 WESTERN CT

City AUBURN	State CA	Zip Code 95602
----------------	-------------	-------------------

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 ▼
 500.00

Date of Receipt
 03 / 18 / 2019
Transaction ID : SA11AI.5810

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 28 OF 82
	<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. KEYSER, DON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23243 WESTERN CT
 City AUBURN State CA Zip Code 95602
 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 03 / 18 / 2019
Transaction ID : SA11AI.5811
 Amount of Each Receipt this Period 500.00
 Memo Item

B. KHAIRA, AMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 S 135TH ST
 City SEATAC State WA Zip Code 98168
 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 / 10 / 2019
Transaction ID : SA11AI.5814
 Amount of Each Receipt this Period 250.00
 Memo Item

C. KUSTAN, BELINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1680
 City INTERVALE State NH Zip Code 03845
 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 06 / 14 / 2019
Transaction ID : SA11AI.5721
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 29 OF 82
	<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. LAFORGE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10067 STATE HIGHWAY 49

City JEFFERSON	State TX	Zip Code 75657
-------------------	-------------	-------------------

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

Name of Employer (for Individual) truck driver	Occupation (for Individual) dade trucking
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 16 / 2019
Transaction ID : SA11AI.5686

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 1156 THREE MILE DR

City GROSSE POINTE PARK	State MI	Zip Code 48230
----------------------------	-------------	-------------------

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 ▼
 295.00

Date of Receipt
 05 / 23 / 2019
Transaction ID : SA11AI.5844

Amount of Each Receipt this Period
 145.00

Memo Item

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

Mailing Address 180 CARRERA CIR

City APTOS	State CA	Zip Code 95003
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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 ▼
 375.00

Date of Receipt
 06 / 01 / 2019
Transaction ID : SA11AI.5809

Amount of Each Receipt this Period
 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.00
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 30 OF 82
	<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. LONG, VERNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6038 E 55TH ST
 City TULSA State OK Zip Code 74135
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2019
Transaction ID : SA11AI.5773
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. LOWELL, MONIQUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 154
 City BROOKS State CA Zip Code 95606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Self Employed
 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 / 02 / 2019
Transaction ID : SA11AI.5812
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. MAPLES, SUZIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13104 WONDERLAND WAY # UN1
 City GERMANTOWN State MD Zip Code 20874
 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
 05 / 06 / 2019
Transaction ID : SA11AI.5738
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 82
	<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. MARTINEZ, CELESTINO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16164 HOPEWELL RD
 City ALPHARETTA State GA Zip Code 30004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) martinez recollection Occupation (for Individual) martinez recollection
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 11 / 2019**
Transaction ID : SA11AI.5824
 Amount of Each Receipt this Period 150.00
 Memo Item

B. MCCOY, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8608 CALERA DR
 City AUSTIN State TX Zip Code 78735
 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 ▼ 202.00

Date of Receipt **05 / 26 / 2019**
Transaction ID : SA11AI.5779
 Amount of Each Receipt this Period 102.00
 Memo Item

C. MCCOY, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8608 CALERA DR
 City AUSTIN State TX Zip Code 78735
 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 ▼ 304.00

Date of Receipt **05 / 26 / 2019**
Transaction ID : SA11AI.5780
 Amount of Each Receipt this Period 102.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	354.00
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 32 OF 82
	<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. MCDONALD, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7578 EMERALD GREENS DR N
 City CORDOVA State TN Zip Code 38016
 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 04 / 24 / 2019
Transaction ID : SA11AI.5765
 Amount of Each Receipt this Period 150.00
 Memo Item

B. MCFARLAND, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5995 CLERKENWELL CT
 City BURKE State VA Zip Code 22015
 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 ▼ 500.00

Date of Receipt 03 / 01 / 2019
Transaction ID : SA11AI.5743
 Amount of Each Receipt this Period 500.00
 Memo Item

C. MCGUIRE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1681 DIG SPRING DR APT 3
 City ALLISTON State VA Zip Code 24087
 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 05 / 28 / 2019
Transaction ID : SA11AI.5752
 Amount of Each Receipt this Period 50.00
 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: (check only one)	PAGE 33 OF 82
	<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. M DE BORD, LELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11343 ELMHURST DR

City NORWALK	State CA	Zip Code 90650
-----------------	-------------	-------------------

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 / 26 / 2019
Transaction ID : SA11AI.5878

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 8135 BEECHMONT AVE APT E339

City CINCINNATI	State OH	Zip Code 45255
--------------------	-------------	-------------------

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
 02 / 11 / 2019
Transaction ID : SA11AI.5843

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 3638 E MARTIN AVE

City CUDAHY	State WI	Zip Code 53110
----------------	-------------	-------------------

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
 06 / 11 / 2019
Transaction ID : SA11AI.5768

Amount of Each Receipt this Period
 100.00

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 34 OF 82
<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. MURPHY, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 COONS POINT RD
 City BELMONT State NH Zip Code 03220
 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 ▼ 365.00

Date of Receipt 02 / 12 / 2019
Transaction ID : SA11AI.5710
 Amount of Each Receipt this Period 365.00
 Memo Item

B. MYERS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10020 E PASEO SAN BRUNO
 City TUCSON State AZ Zip Code 85747
 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 ▼ 202.00

Date of Receipt 05 / 23 / 2019
Transaction ID : SA11AI.5873
 Amount of Each Receipt this Period 52.00
 Memo Item

C. NABAIE, NAZANIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7825 NE 147TH ST
 City KENMORE State WA Zip Code 98028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RDH Occupation (for Individual) Input & periodontics of bellevne
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 02 / 2019
Transaction ID : SA11AI.5820
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	657.00
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 35 OF 82
(check only one)

<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. NASH, MATTHEW, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 399 HARBIN RD

City ZIONVILLE	State NC	Zip Code 28698
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMER	Occupation (for Individual) SELF EMPLOYED
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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
03	/	02	/	2019

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 885 BROOKS RD

City CORRIGAN	State TX	Zip Code 75939
------------------	-------------	-------------------

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

Name of Employer (for Individual) drilling consultant	Occupation (for Individual) tj nash con
--	--

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
03	/	31	/	2019

Transaction ID : SA11AI.5912

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1883 STRATTON CIR

City WALNUT CREEK	State CA	Zip Code 94598
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2019

Transaction ID : SA11AI.5883

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
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 36 OF 82
	<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. NUNEZ, ABEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3417 STARMOUNT DR
 City RALEIGH State NC Zip Code 27604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOWING Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **04 / 09 / 2019**
Transaction ID : SA11AI.5907
 Amount of Each Receipt this Period 35.00
 Memo Item

B. OLDING, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7067 W INA RD
 City TUCSON State AZ Zip Code 85743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUILDING EXCELLENCE LLC Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 17 / 2019**
Transaction ID : SA11AI.5690
 Amount of Each Receipt this Period 300.00
 Memo Item

C. OUKROP, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1858 PLATT ST
 City MANHATTAN State KS Zip Code 66502
 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 / 11 / 2019**
Transaction ID : SA11AI.5848
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 37 OF 82
	<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. PAGE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 JOYNER SWAMP RD

City GALIVANTS FERRY	State SC	Zip Code 29544
-------------------------	-------------	-------------------

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
 06 / 17 / 2019

Transaction ID : SA11AI.5755

Amount of Each Receipt this Period
 200.00

Memo Item

B. PAPPAJOHN, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 PARTRIDGE HILL RD

City NEWFIELDS	State NH	Zip Code 03856
-------------------	-------------	-------------------

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 ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2019

Transaction ID : SA11AI.5723

Amount of Each Receipt this Period
 365.00

Memo Item

C. PETROCELLI, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 N PROSPECT AVE

City BERGENFIELD	State NJ	Zip Code 07621
---------------------	-------------	-------------------

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 ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2019

Transaction ID : SA11AI.5733

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	580.00
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 38 OF 82
	<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. PETROCELLI, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 N PROSPECT AVE

City BERGENFIELD	State NJ	Zip Code 07621
---------------------	-------------	-------------------

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
 02 / 19 / 2019
Transaction ID : SA11AI.5734

Amount of Each Receipt this Period
 60.00

Memo Item

B. PIERRE BENOIST, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18770 PASADERO DR

City TARZANA	State CA	Zip Code 91356
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 02 / 14 / 2019
Transaction ID : SA11AI.5913

Amount of Each Receipt this Period
 300.00

Memo Item

C. POWERS, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18026 OLDE PORT LN

City TRIANGLE	State VA	Zip Code 22172
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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
 02 / 16 / 2019
Transaction ID : SA11AI.5750

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	460.00
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 39 OF 82
	<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. QUAGENTI, JOVANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 THOMAS ST UNIT J13
 City SAUGUS State MA Zip Code 01906
 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 **02 / 28 / 2019**
Transaction ID : SA11AI.5831
 Amount of Each Receipt this Period 500.00
 Memo Item

B. RINGON, RICARDO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3363 N SAM HOUSTON PKWY W
 City HOUSTON State TX Zip Code 77038
 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 ▼ 500.00

Date of Receipt **05 / 09 / 2019**
Transaction ID : SA11AI.5776
 Amount of Each Receipt this Period 500.00
 Memo Item

C. ROBERSON, GABRIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2428 S BENNETT AVE
 City WICHITA State KS Zip Code 67217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TECH Occupation (for Individual) ARMY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **01 / 28 / 2019**
Transaction ID : SA11AI.5681
 Amount of Each Receipt this Period 150.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 82
<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. ROBERTS, DOROTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 50239**
 City **SANTA BARBARA** State **CA** Zip Code **93150**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **N/A**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 27 / 2019**
Transaction ID : SA11AI.5825
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. ROSE, TRACEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **7614 COUNTRYSIDE DR**
 City **AMARILLO** State **TX** Zip Code **79119**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **jiffy lube** Occupation (for Individual) **jiffy lube**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **05 / 30 / 2019**
Transaction ID : SA11AI.5821
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. ROSS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **4725 MCHENRY AVE**
 City **MODESTO** State **CA** Zip Code **95356**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HANGUP** Occupation (for Individual) **HANGUP**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 05 / 2019**
Transaction ID : SA11AI.5691
 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: (check only one)	PAGE 41 OF 82
	<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. SANCHEZ, JOHNNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 W BRENHAM ST
 City GIDDINGS State TX Zip Code 78942
 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 / 10 / 2019
Transaction ID : SA11AI.5782
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SCHMITT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4050 S HOWICK ST APT E-1
 City MURRAY State UT Zip Code 84107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2019
Transaction ID : SA11AI.5906
 Amount of Each Receipt this Period 300.00
 Memo Item

C. SCHMITT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4050 S HOWICK ST APT E-1
 City MURRAY State UT Zip Code 84107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 07 / 2019
Transaction ID : SA11AI.5786
 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 42 OF 82
	<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. SCHMITT, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4050 S HOWICK ST APT E-1

City MURRAY	State UT	Zip Code 84107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 05 / 21 / 2019
Transaction ID : SA11AI.5905

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 151 KELLEYS RUN RD

City MAPLE HILL	State NC	Zip Code 28454
--------------------	-------------	-------------------

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

Name of Employer (for Individual) safety officer	Occupation (for Individual) civil work contracting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 18 / 2019
Transaction ID : SA11AI.5683

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 5090 N VALLEY DR

City LAS CRUCES	State NM	Zip Code 88007
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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 ▼
 205.00

Date of Receipt
 06 / 26 / 2019
Transaction ID : SA11AI.5790

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 43 OF 82
	<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. SELF, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 181 COVEY LN
 City LUFKIN State TX Zip Code 75904
 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 **03 / 25 / 2019**
Transaction ID : SA11AI.5897
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SELF, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 181 COVEY LN
 City LUFKIN State TX Zip Code 75904
 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 **04 / 24 / 2019**
Transaction ID : SA11AI.5775
 Amount of Each Receipt this Period 100.00
 Memo Item

C. SHAW, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458
 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 ▼ 310.00

Date of Receipt **03 / 01 / 2019**
Transaction ID : SA11AI.5892
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 44 OF 82
	<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	<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. SHAW, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458
 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 ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2019
Transaction ID : SA11AI.5701
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. SHAW, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2019
Transaction ID : SA11AI.5833
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. SIMPSON, AARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 EGRET LN
 City GREENWOOD State IN Zip Code 46143
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2019
Transaction ID : SA11AI.5896
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 45 OF 82
	<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. SLATER, NATHANAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1569 BRIAR HILL RD
 City HOPKINTON State NH Zip Code 03229
 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 03 / 19 / 2019
Transaction ID : SA11AI.5715
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SLATER, NATHANAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1569 BRIAR HILL RD
 City HOPKINTON State NH Zip Code 03229
 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 ▼ 500.00

Date of Receipt 05 / 21 / 2019
Transaction ID : SA11AI.5714
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SMITH, IMO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5541
 City BREMERTON State WA Zip Code 98312
 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 ▼ 240.00

Date of Receipt 03 / 29 / 2019
Transaction ID : SA11AI.5815
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	740.00
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 46 OF 82
(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. SNEED, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2196 N 700 W
 City OGDEN State UT Zip Code 84414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Occupation (for Individual) construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2019
Transaction ID : SA11AI.5684
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SNOWDEN, NAOMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5929 E 87TH ST
 City TULSA State OK Zip Code 74137
 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 06 / 12 / 2019
Transaction ID : SA11AI.5774
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SPENCE, CORINNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2921 LAUREL DR
 City SACRAMENTO State CA Zip Code 95864
 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 02 / 26 / 2019
Transaction ID : SA11AI.5885
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 47 OF 82
	<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. STEWART, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8104 PINTO PATH
 City AUSTIN State TX Zip Code 78736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NURSE Occupation (for Individual) NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 03 / 27 / 2019
Transaction ID : SA11AI.5826
 Amount of Each Receipt this Period 85.00
 Memo Item

B. STONICK, ZITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 HEMISON CT
 City PIKESVILLE State MD Zip Code 21208
 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 03 / 08 / 2019
Transaction ID : SA11AI.5742
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SULLIBAN, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172 BRIDGEGATE LN
 City PASO ROBLES State CA Zip Code 93446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WHATEVER SHE TELLS HIM TO DO Occupation (for Individual) AMERICAN GIGALO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2019
Transaction ID : SA11AI.5682
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	485.00
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 48 OF 82
	<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. SUSI, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13740 PASEO LAS NUBES DR
 City EL PASO State TX Zip Code 79928
 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 **03 / 21 / 2019**
Transaction ID : SA11AI.5783
 Amount of Each Receipt this Period 250.00
 Memo Item

B. THOMPSON, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 S MAIN ST
 City RUTHERFORDTON State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **02 / 26 / 2019**
Transaction ID : SA11AI.5754
 Amount of Each Receipt this Period 200.00
 Memo Item

C. VEENSTRA, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 HAZELTON ST
 City FALLS CHURCH State VA Zip Code 22044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **03 / 18 / 2019**
Transaction ID : SA11AI.5746
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	490.00
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 49 OF 82
	<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. VEENSTRA, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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 ▼
 270.00

Date of Receipt
 04 / 01 / 2019
Transaction ID : SA11AI.5745

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 04 / 05 / 2019
Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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
 05 / 26 / 2019
Transaction ID : SA11AI.5835

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 50 OF 82
	<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. VEENSTRA, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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 ▼
 390.00

Date of Receipt
 05 / 29 / 2019
Transaction ID : SA11AI.5834

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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 ▼
 430.00

Date of Receipt
 05 / 31 / 2019
Transaction ID : SA11AI.5744

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 1718 S BEACH PKWY

City JACKSONVILLE BEACH	State FL	Zip Code 32250
----------------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 03 / 2019
Transaction ID : SA11AI.5759

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 51 OF 82
	<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. WEST, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 PETERBOROUGH RD
 City TEMPLE State NH Zip Code 03084
 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 ▼ 220.00

Date of Receipt 05 / 31 / 2019
Transaction ID : SA11AI.5704
 Amount of Each Receipt this Period 220.00
 Memo Item

B. WEST, SABRINA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 HOLLYPOINT CT
 City ARLINGTON State TX Zip Code 76015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired nurse Occupation (for Individual) retired nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2019
Transaction ID : SA11AI.5894
 Amount of Each Receipt this Period 250.00
 Memo Item

C. WIGGINS, REBEKAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1646 LINCOLN SMITH RD
 City ROUND MOUNTAIN State TX Zip Code 78663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) nurse practitioner Occupation (for Individual) health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 23 / 2019
Transaction ID : SA11AI.5692
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	770.00
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 52 OF 82
<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. WILLIAMS, CONSTANCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 SOUTHBRIDGE RD
 City CHARLTON State MA Zip Code 01507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 22 / 2019
Transaction ID : SA11AI.5829
 Amount of Each Receipt this Period 300.00
 Memo Item

B. WILLIS, MILES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 CHASTAIN RD NW UNIT 2201
 City KENNESAW State GA Zip Code 30144
 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 04 / 16 / 2019
Transaction ID : SA11AI.5842
 Amount of Each Receipt this Period 200.00
 Memo Item

C. YOUNG, MAUREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7035 SHADOW LN
 City CUMMING State GA Zip Code 30041
 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 ▼ 500.00

Date of Receipt 04 / 19 / 2019
Transaction ID : SA11AI.5685
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 53 OF 82
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YOUNG, MAUREEN, , ,

Mailing Address 7035 SHADOW LN

City CUMMING	State GA	Zip Code 30041
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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 ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5758

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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).....	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="32641.00"/>

**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. Action Committee Marketing LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 698 Oldfield Commons Dr		FEC Identification Number C [] Transaction ID : SB21B.5449 Amount of Each Disbursement this Period [] 20454.57	
City Greenwood	State IN	Zip Code 46142	Category/ Type []
Purpose of Disbursement Donor Outreach		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. Action Committee Marketing LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 698 Oldfield Commons Dr		FEC Identification Number C [] Transaction ID : SB21B.5456 Amount of Each Disbursement this Period [] 6478.02	
City Greenwood	State IN	Zip Code 46142	Category/ Type []
Purpose of Disbursement Donor Outreach		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Full Name (Last, First, Middle Initial) C. Action Committee Marketing LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2019	
Mailing Address 698 Oldfield Commons Dr		FEC Identification Number C [] Transaction ID : SB21B.5463 Amount of Each Disbursement this Period [] 2743.66	
City Greenwood	State IN	Zip Code 46142	Category/ Type []
Purpose of Disbursement Donor Outreach		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 29676.25	
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. Community Cares 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 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5955

Amount of Each Disbursement this Period: 654.09

Memo Item

B. Community Cares 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 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5956

Amount of Each Disbursement this Period: 365.50

Memo Item

C. Community Cares 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 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5957

Amount of Each Disbursement this Period: 242.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1261.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Community Cares United LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019
Mailing Address 399 Pearl Street		FEC Identification Number C Transaction ID : SB21B.5958 Amount of Each Disbursement this Period 29.75
City Woodbridge	State NJ	
Zip Code 07095	Purpose of Disbursement Donor Outreach	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Community Cares United LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019
Mailing Address 399 Pearl Street		FEC Identification Number C Transaction ID : SB21B.5959 Amount of Each Disbursement this Period 46.75
City Woodbridge	State NJ	
Zip Code 07095	Purpose of Disbursement Donor Outreach	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. COMMUNITY GROWTH COUNCIL		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address 13635 WEST OLD OAK LANE		FEC Identification Number C Transaction ID : SB21B.5431 Amount of Each Disbursement this Period 9569.66
City NEW BERLIN	State WI	
Zip Code 53151	Purpose of Disbursement Donor Outreach	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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).....▶	9646.16
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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5436
Amount of Each Disbursement this Period
8175.04

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5442
Amount of Each Disbursement this Period
11537.77

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5450
Amount of Each Disbursement this Period
12905.37

Memo Item

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

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

32618.18

**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 GROWTH COUNCIL

Full Name (Last, First, Middle Initial)

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: 05 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5457

Amount of Each Disbursement this Period: 9284.77

Memo Item

B. COMMUNITY GROWTH COUNCIL

Full Name (Last, First, Middle Initial)

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: 06 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5464

Amount of Each Disbursement this Period: 11267.33

Memo Item

C. Courtesy Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 11743 Gwen Evans Lane

City El Paso State TX Zip Code 79936

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 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5437

Amount of Each Disbursement this Period: 1664.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22216.10

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. Courtesy Services LLC			Date of Disbursement MM / DD / YYYY 03 / 31 / 2019	
Mailing Address 11743 Gwen Evans Lane				
City El Paso		State TX	Zip Code 79936	
Purpose of Disbursement Donor Outreach			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	

FEC Identification Number
C []
Transaction ID : SB21B.5443
Amount of Each Disbursement this Period
[] 2061.80
 Memo Item

Full Name (Last, First, Middle Initial) B. Courtesy Services LLC			Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 11743 Gwen Evans Lane				
City El Paso		State TX	Zip Code 79936	
Purpose of Disbursement Donor Outreach			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	

FEC Identification Number
C []
Transaction ID : SB21B.5451
Amount of Each Disbursement this Period
[] 1838.05
 Memo Item

Full Name (Last, First, Middle Initial) C. Courtesy Services LLC			Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 11743 Gwen Evans Lane				
City El Paso		State TX	Zip Code 79936	
Purpose of Disbursement Donor Outreach			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	

FEC Identification Number
C []
Transaction ID : SB21B.5458
Amount of Each Disbursement this Period
[] 1911.31
 Memo Item

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

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

[] 5811.16
[]

**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. Courtesy Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 11743 Gwen Evans Lane

City El Paso State TX Zip Code 79936

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 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5465

Amount of Each Disbursement this Period: 2718.73

Memo Item

B. Ellis Crow Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 32 Daniel Webster Highway Ste 3

City Merrimack State NH Zip Code 03054

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 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5948

Amount of Each Disbursement this Period: 10625.60

Memo Item

C. Ellis Crow Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 32 Daniel Webster Highway Ste 3

City Merrimack State NH Zip Code 03054

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 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5949

Amount of Each Disbursement this Period: 12149.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25494.31

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ellis Crow Solutions		Date of Disbursement MM / DD / YYYY 03 / 31 / 2019	
Mailing Address 32 Daniel Webster Highway Ste 3		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5950 Amount of Each Disbursement this Period 12454.47	
City Merrimack	State NH	Zip Code 03054	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) B. Ellis Crow Solutions		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 32 Daniel Webster Highway Ste 3		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5951 Amount of Each Disbursement this Period 16444.79	
City Merrimack	State NH	Zip Code 03054	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) C. Ellis Crow Solutions		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 32 Daniel Webster Highway Ste 3		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5952 Amount of Each Disbursement this Period 11007.35	
City Merrimack	State NH	Zip Code 03054	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	39906.61
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. Ellis Crow Solutions

Mailing Address 32 Daniel Webster Highway Ste 3

City Merrimack State NH Zip Code 03054

Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2019

FEC Identification Number

C

Transaction ID : SB21B.5953
Amount of Each Disbursement this Period

12015.84

Memo Item

Full Name (Last, First, Middle Initial)

B. GSI, INC

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
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2019

FEC Identification Number

C

Transaction ID : SB21B.5432
Amount of Each Disbursement this Period

11882.75

Memo Item

Full Name (Last, First, Middle Initial)

C. GSI, INC

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.5438
Amount of Each Disbursement this Period

14164.22

Memo Item

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

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

38062.81

**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. GSI, INC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2019	
Mailing Address 6655 Chicago Rd, Suite 9		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5444 Amount of Each Disbursement this Period 12468.65	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GSI, INC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 6655 Chicago Rd, Suite 9		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5452 Amount of Each Disbursement this Period 12696.15	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GSI, INC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 6655 Chicago Rd, Suite 9		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5459 Amount of Each Disbursement this Period 21566.83	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	46731.63
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

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2019

FEC Identification Number

C

Transaction ID : SB21B.5466

Amount of Each Disbursement this Period

24622.63

Memo Item

Full Name (Last, First, Middle Initial)

B. LEGALSHIELD

Mailing Address One Pre-Paid Way

City ADA State OK Zip Code 74820

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2019

FEC Identification Number

C

Transaction ID : SB21B.5491

Amount of Each Disbursement this Period

34.90

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2019

FEC Identification Number

C

Transaction ID : SB21B.5435

Amount of Each Disbursement this Period

84811.19

Memo Item

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

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

109468.72

**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: MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5441

Amount of Each Disbursement this Period: 92884.20

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: MM / DD / YYYY
03 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5447

Amount of Each Disbursement this Period: 182166.01

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: MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5455

Amount of Each Disbursement this Period: 93976.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 369026.35

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

MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5462
Amount of Each Disbursement this Period
49990.84

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

MM / DD / YYYY
06 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5468
Amount of Each Disbursement this Period
67900.39

Memo Item

Full Name (Last, First, Middle Initial)

C. OSI

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

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5479
Amount of Each Disbursement this Period
100.00

Memo Item

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

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

117991.23

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
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: 04 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5483

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: 05 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5486

Amount of Each Disbursement this Period: 100.00

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: 06 / 07 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5490

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.00

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. Politicause LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address 204 W. Spear St #3719		FEC Identification Number C [] Transaction ID : SB21B.5433 Amount of Each Disbursement this Period 99429.77
City Carson City	State NV	Zip Code 89703
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. Politicause LLC		Date of Disbursement MM / DD / YYYY 02 / 28 / 2019
Mailing Address 204 W. Spear St #3719		FEC Identification Number C [] Transaction ID : SB21B.5439 Amount of Each Disbursement this Period 222831.39
City Carson City	State NV	Zip Code 89703
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. Politicause LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2019
Mailing Address 204 W. Spear St #3719		FEC Identification Number C [] Transaction ID : SB21B.5445 Amount of Each Disbursement this Period 103161.69
City Carson City	State NV	Zip Code 89703
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)..... ▶

425422.85

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. Politicause LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019
Mailing Address 204 W. Spear St #3719		FEC Identification Number C Transaction ID : SB21B.5453 Amount of Each Disbursement this Period 119107.75
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Donor Outreach	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Politicause LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019
Mailing Address 204 W. Spear St #3719		FEC Identification Number C Transaction ID : SB21B.5460 Amount of Each Disbursement this Period 62807.45
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Donor Outreach	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Politicause LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2019
Mailing Address 204 W. Spear St #3719		FEC Identification Number C Transaction ID : SB21B.5467 Amount of Each Disbursement this Period 65585.38
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Donor Outreach	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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).....▶	247500.58
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. Quick Call Inc		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address 1706 Cropsey Ave		FEC Identification Number C [] Transaction ID : SB21B.5434 Amount of Each Disbursement this Period [] 1479.59
City Brooklyn	State NY	Zip Code 11214
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. Quick Call Inc		Date of Disbursement MM / DD / YYYY 02 / 28 / 2019
Mailing Address 1706 Cropsey Ave		FEC Identification Number C [] Transaction ID : SB21B.5440 Amount of Each Disbursement this Period [] 888.78
City Brooklyn	State NY	Zip Code 11214
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. Quick Call Inc		Date of Disbursement MM / DD / YYYY 03 / 31 / 2019
Mailing Address 1706 Cropsey Ave		FEC Identification Number C [] Transaction ID : SB21B.5446 Amount of Each Disbursement this Period [] 180.00
City Brooklyn	State NY	Zip Code 11214
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).....▶		[] 2548.37
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. Quick Call Inc

Mailing Address 1706 Cropsey Ave

City Brooklyn State NY Zip Code 11214

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5454

Amount of Each Disbursement this Period: 204.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Quick Call Inc

Mailing Address 1706 Cropsey Ave

City Brooklyn State NY Zip Code 11214

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5461

Amount of Each Disbursement this Period: 48.00

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 Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5469

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5252.00

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 Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5472

Amount of Each Disbursement this Period: 5000.00

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 Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5473

Amount of Each Disbursement this Period: 4000.00

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 Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 25 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5474

Amount of Each Disbursement this Period: 3800.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12800.00

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 Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

FEC Identification Number: C

Transaction ID : SB21B.5475

Amount of Each Disbursement this Period: 4500.00

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 Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5477

Amount of Each Disbursement this Period: 5000.00

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 Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

FEC Identification Number: C

Transaction ID : SB21B.5480

Amount of Each Disbursement this Period: 14000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23500.00

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

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

Full Name (Last, First, Middle Initial) A. TAMPA MEDIA		Date of Disbursement MM / DD / YYYY 03 / 15 / 2019
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5482 Amount of Each Disbursement this Period 14000.00
City TAMPA	State FL	Zip Code 33637
Purpose of Disbursement Media Consulting		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. TAMPA MEDIA		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5484 Amount of Each Disbursement this Period 10000.00
City TAMPA	State FL	Zip Code 33637
Purpose of Disbursement Media Consulting		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. TAMPA MEDIA		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019
Mailing Address 7320 E Fletcher Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5488 Amount of Each Disbursement this Period 4000.00
City TAMPA	State FL	Zip Code 33637
Purpose of Disbursement Media Consulting		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)..... ▶

28000.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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. 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 Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 03 / 2019

FEC Identification Number C

Transaction ID : SB21B.5489

Amount of Each Disbursement this Period 4100.00

Memo Item

B. 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 Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 21 / 2019

FEC Identification Number C

Transaction ID : SB21B.5492

Amount of Each Disbursement this Period 4000.00

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).....▶	8100.00
TOTAL This Period (last page this line number only).....▶	1601335.15

**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 ▼ <div style="border: 1px solid black; padding: 2px;"> C C00647701 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item TAMPA MEDIA	Date of Public Distribution/Dissemination 02 / 15 / 2019			
Mailing Address 7320 E Fletcher Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9400.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City TAMPA</td> <td style="width:33%; border-bottom: 1px solid black;">State FL</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code 33637</td> </tr> </table>		City TAMPA	State FL	Zip Code 33637
City TAMPA		State FL	Zip Code 33637	
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BOYLE, BRENDAN, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: PA			
Calendar Year-To-Date Per Election for Office Sought 9400.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item TAMPA MEDIA	Date of Public Distribution/Dissemination 02 / 22 / 2019			
Mailing Address 7320 E Fletcher Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8900.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City TAMPA</td> <td style="width:33%; border-bottom: 1px solid black;">State FL</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code 33637</td> </tr> </table>		City TAMPA	State FL	Zip Code 33637
City TAMPA		State FL	Zip Code 33637	
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CICILLINE, DAVID, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: RI			
Calendar Year-To-Date Per Election for Office Sought 8900.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">18300.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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]

Date 07 / 13 / 2019

Signature

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
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 03 / 08 / 2019
Amount 7000.00
Transaction ID : SE.5923
Date of Disbursement or Obligation 03 / 08 / 2019

Name of Federal Candidate: CROWLEY, JOSEPH, ,
Support Oppose
Office Sought: House Senate State: NY District: 14
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 03 / 22 / 2019
Amount 7000.00
Transaction ID : SE.5925
Date of Disbursement or Obligation 03 / 22 / 2019

Name of Federal Candidate: ENGEL, ELIOT, ,
Support Oppose
Office Sought: House Senate State: NY District: 16
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 14000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

BASS, ZACHARY, , [Electronically Filed] Date 07 / 13 / 2019
Signature

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
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 003
Date of Public Distribution/Dissemination 03/29/2019
Amount 7000.00
Transaction ID : SE.5927
Date of Disbursement or Obligation 03/29/2019

Name of Federal Candidate: ESPAILLAT, ADRIANO, ,
Support Oppose
Office Sought: House District: 13
President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 7000.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 04/12/2019
Amount 7000.00
Transaction ID : SE.5929
Date of Disbursement or Obligation 04/12/2019

Name of Federal Candidate: FITZPATRICK, BRIAN, ,
Support Oppose
Office Sought: House District: 01
President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 7000.00
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 14000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

BASS, ZACHARY, , [Electronically Filed]
Signature Date 07/13/2019

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
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 04/19/2019
Amount 6000.00
Transaction ID : SE.5931
Date of Disbursement or Obligation 04/19/2019

Name of Federal Candidate: GOTTHEIMER, JOSH, ,
Support Oppose
Office Sought: House District: 05
President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 6000.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 04/26/2019
Amount 6000.00
Transaction ID : SE.5933
Date of Disbursement or Obligation 04/26/2019

Name of Federal Candidate: HIGGINS, BRIAN, ,
Support Oppose
Office Sought: House District: 26
President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 6000.00
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

BASS, ZACHARY, , [Electronically Filed] Date 07/13/2019
Signature

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
Memo Item

Date of Public Distribution/Dissemination
05 / 03 / 2019

Mailing Address
7320 E Fletcher Ave

Amount
6400.00

City State Zip Code
TAMPA FL 33637

Transaction ID : SE.5935

Purpose of Expenditure
ADVERTISING - INTERNET/EMAIL
Category/Type
004

Date of Disbursement or Obligation
05 / 03 / 2019

Name of Federal Candidate:
JEFFRIES, HAKEEM, ,
Support Oppose

Office Sought:
House District: 08
President Senate State: NY

Calendar Year-To-Date
Per Election for Office Sought
6400.00

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
TAMPA MEDIA
Memo Item

Date of Public Distribution/Dissemination
05 / 10 / 2019

Mailing Address
7320 E Fletcher Ave

Amount
6100.00

City State Zip Code
TAMPA FL 33637

Transaction ID : SE.5937

Purpose of Expenditure
ADVERTISING - INTERNET/EMAIL
Category/Type
004

Date of Disbursement or Obligation
05 / 10 / 2019

Name of Federal Candidate:
LOWEY, NITA, ,
Support Oppose

Office Sought:
House District: 17
President Senate State: NY

Calendar Year-To-Date
Per Election for Office Sought
6100.00

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12500.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures

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

BASS, ZACHARY, ,
[Electronically Filed]
Signature

Date
07 / 13 / 2019

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 <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7320 E Fletcher Ave		Amount <input type="text"/> 4000.00
City TAMPA	State FL	
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004		
Name of Federal Candidate: MENG, GRACE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee TAMPA MEDIA <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7320 E Fletcher Ave		Amount <input type="text"/> 5200.00
City TAMPA	State FL	
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004		
Name of Federal Candidate: NADDLER, JERROLD, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5200.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 9200.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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, , ,
Signature

[Electronically Filed]

Date / /

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
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 06/14/2019
Amount 4800.00
Transaction ID : SE.5943
Date of Disbursement or Obligation 06/14/2019

Name of Federal Candidate: NAPOLITANO, GRACE, ,
Support Oppose
Office Sought: House District: 32
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 4800.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave
City TAMPA State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 06/28/2019
Amount 5700.00
Transaction ID : SE.5945
Date of Disbursement or Obligation 06/28/2019

Name of Federal Candidate: NORCROSS, DONALD, ,
Support Oppose
Office Sought: House District: 01
President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 5700.00
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 10500.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 90500.00

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] Date 07/13/2019
Signature