

Image# 201812189143570031

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

AMERICANS FOR THE CURE OF BREAST CANCER

ADDRESS (number and street) 8444 COUNTY RD M

Check if different than previously reported. (ACC)

FREDONIA WI 53021

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

C C00660233

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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day **PRE**-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day **POST**-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 01 / 01 / 2018 through 03 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

PIARO, ROBERT, , ,

Type or Print Name of Treasurer

Signature of Treasurer PIARO, ROBERT, , ,

[Electronically Filed]

Date 12 / 18 / 2018

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICANS FOR THE CURE OF BREAST CANCER**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="187037.00"/>	<input type="text" value="187037.00"/>
(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="187037.00"/>	<input type="text" value="187037.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="134775.85"/>	<input type="text" value="134775.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52261.15"/>	<input type="text" value="52261.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="822.63"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	850.00	850.00
(ii) Unitemized .....	186187.00	186187.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	187037.00	187037.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	187037.00	187037.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	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)).....▶	187037.00	187037.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	187037.00	187037.00

**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 .....	134775.85	134775.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	134775.85	134775.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	134775.85	134775.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134775.85	134775.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	187037.00	187037.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	187037.00	187037.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	134775.85	134775.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	134775.85	134775.85

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

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

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

NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. NETELLUS, PIERRE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6011 KENDRICK DR  
 City RIVERSIDE State CA Zip Code 92507  
 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 ▼ 200.00

Date of Receipt 03 / 26 / 2018  
**Transaction ID : SA11AI-163717**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. PENNFIELD, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1687  
 City HAMPTON State NH Zip Code 03843  
 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 ▼ 200.00

Date of Receipt 03 / 20 / 2018  
**Transaction ID : SA11AI-153271**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. STUDEMAN, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65523 N CENTERVILLE RD  
 City STURGIS State MI Zip Code 49091  
 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 / 30 / 2018  
**Transaction ID : SA11AI-159147**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 7 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WILKINSON, NELSON, , ,**

Mailing Address 1320 ROBIN RD

City PIKESVILLE    State MD    Zip Code 21208

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 ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2018

**Transaction ID : SA11AI-154657**

Amount of Each Receipt this Period  
 200.00

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	850.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 07 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-11971</b> Amount of Each Disbursement this Period 1337.12	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement software licensing		Category/ Type 001		
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>B. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 14 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-11973</b> Amount of Each Disbursement this Period 7075.68	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement software licensing		Category/ Type 001		
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>C. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 21 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1197!</b> Amount of Each Disbursement this Period 10732.16	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement software licensing		Category/ Type 001		
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)..... ▶

19144.96

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement software licensing

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-11977  
Amount of Each Disbursement this Period  
27073.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement credit card payment processing & verifications

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-11979  
Amount of Each Disbursement this Period  
1897.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement credit card payment processing & verifications

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-11981  
Amount of Each Disbursement this Period  
10043.04

Memo Item

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

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

39014.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2018	
Mailing Address 1345 Jefferson St. #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-11983</b> Amount of Each Disbursement this Period 15232.73	
City Milwaukee	State WI	Zip Code 53202	Category/Type 001
Purpose of Disbursement credit card payment processing & verifications			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018	
Mailing Address 1345 Jefferson St. #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-11985</b> Amount of Each Disbursement this Period 38427.59	
City Milwaukee	State WI	Zip Code 53202	Category/Type 001
Purpose of Disbursement credit card payment processing & verifications			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PNC BANK</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1199!</b> Amount of Each Disbursement this Period 312.00	
City Pittsburgh	State PA	Zip Code 15230-9738	Category/Type 001
Purpose of Disbursement PNC Bank Fees/Merchant Discount			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

53972.32

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. PNC BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-11997</b> Amount of Each Disbursement this Period [REDACTED] 31.50	
City Pittsburgh	State PA	Zip Code 15230-9738	Category/ Type 001
Purpose of Disbursement PNC Bank Fees/Merchant Discount		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>B. PNC BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-12001</b> Amount of Each Disbursement this Period [REDACTED] 31.74	
City Pittsburgh	State PA	Zip Code 15230-9738	Category/ Type 001
Purpose of Disbursement PNC Bank Fees/Merchant Discount		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>C. PNC BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1200:</b> Amount of Each Disbursement this Period [REDACTED] 50.00	
City Pittsburgh	State PA	Zip Code 15230-9738	Category/ Type 001
Purpose of Disbursement Deposit Amount Returned/Return Deposit Item		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 113.24	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[REDACTED]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. PNC BANK**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Deposit Amount Returned/Return Deposit Item

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B-12005

Amount of Each Disbursement this Period: 35.00

Memo Item

**B. PNC BANK**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Deposit Amount Returned/Chargeback

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 22 / 2018

FEC Identification Number: C

Transaction ID : SB21B-12007

Amount of Each Disbursement this Period: 35.00

Memo Item

**C. PNC BANK**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Deposit Amount Returned/Chargeback

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B-12008

Amount of Each Disbursement this Period: 35.00

Memo Item

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC BANK**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Deposit Amount Returned/Chargeback

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB21B-12011

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City  
Indianapolis

State  
TN

Zip Code  
46217

Purpose of Disbursement  
mailers databasing and caging

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2018

FEC Identification Number

C

Transaction ID : SB21B-11987

Amount of Each Disbursement this Period

647.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City  
Indianapolis

State  
TN

Zip Code  
46217

Purpose of Disbursement  
mailers databasing and caging

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B-11988

Amount of Each Disbursement this Period

3424.20

Memo Item

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

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

4111.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement  
mailers databasing and caging

001  
 002  
 003  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 21 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-11991**  
Amount of Each Disbursement this Period  
 5194.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement  
mailers databasing and caging

001  
 002  
 003  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 28 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-11993**  
Amount of Each Disbursement this Period  
 13100.10

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

001  
 002  
 003  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y

FEC Identification Number

C   
Amount of Each Disbursement this Period

Memo Item

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

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

18294.90  
 134756.85

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PNC Bank</b>			Nature of Debt (Purpose): Business Credit Card
Mailing Address PO Box 609			
City Pittsburgh	State PA	Zip Code 15230-9738	

Outstanding Balance Beginning This Period		Transaction ID : SD10-4145	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="841.63"/>	<input type="text" value="19.00"/>	<input type="text" value="822.63"/>	

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="822.63"/>
2) <b>TOTALS</b> This Period (last page this line number only).....▶	<input type="text" value="822.63"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text" value="822.63"/>