

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 ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

ADDRESS (number and street) 342 N. WATER STREET STE 600 Check if different than previously reported. (ACC) MILWAUKEE WI 53202

2. FEC IDENTIFICATION NUMBER C C00622472 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] 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 [ ] 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 / 2020 through 03 / 31 / 2020

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 04 / 15 / 2020

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)

Write or Type Committee Name

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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="2020"/>	<input type="text" value="11325.81"/>	<input type="text" value="11325.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11325.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="99882.36"/>	<input type="text" value="99882.36"/>
(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="111208.17"/>	<input type="text" value="111208.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="94828.47"/>	<input type="text" value="94828.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16379.70"/>	<input type="text" value="16379.70"/>
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="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Report Covering the Period: From: 01 / 01 / 2020 To: 03 / 31 / 2020

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).....	3155.00	3155.00
(ii) Unitemized .....	96727.36	96727.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	99882.36	99882.36
(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) .....	99882.36	99882.36
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)).....▶	99882.36	99882.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	99882.36	99882.36

**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 .....	94708.47	94708.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	94708.47	94708.47
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 .....	120.00	120.00
(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)).....	120.00	120.00
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)) ..	94828.47	94828.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94828.47	94828.47

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	99882.36	99882.36
34. Total Contribution Refunds (from Line 28(d)) .....	120.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	99762.36	99762.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	94708.47	94708.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	94708.47	94708.47

: 97 `A =G7 9 @C B9 CI G`H9 LH`F9 @H 98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A =N5 H=CB

Form/Schedule: F3XN  
Transaction ID :

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS / C00622472 1. Initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution. 2. Secondly, if employer/occupation information was still not provided within the above steps, a follow up phone call would be placed to the contributor within 30 days of receipt of the contribution via a separate pre-addressed post card sent in the US Mail to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution. 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. 4. The missing employer/occupation information, if/when obtained, will be uploaded and we would subsequently update our reports to include the missing information. In instances where all efforts outlined above fail to obtain this information, the words "unavailable" or "refused" will be uploaded for these fields. In either scenario, the PAC will either file a memo Schedule A with its next regularly scheduled report, listing all contributions for which new contributor information has been received, or file an amendment to the original report.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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

Mailing Address 1 MILBANK AVE  
APT 2D

City GREENWICH State CT Zip Code 06830

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  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : SA11AI-18542025**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 3817 THREE OAKS DR

City FORT WAYNE State IN Zip Code 46809

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 ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2020  
**Transaction ID : SA11AI-18542058**

Amount of Each Receipt this Period  
365.00

Memo Item

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

Mailing Address 205 W TERRACE CT

City ALEDO State TX Zip Code 76008

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  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI-18542724**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	965.00
<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 8 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

**A. KOHR, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 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 ▼ 425.00

Date of Receipt 01 / 06 / 2020  
**Transaction ID : SA11AI-18543765**  
 Amount of Each Receipt this Period 425.00  
 Memo Item

**B. KUCWAY, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58022 GREY FOX GLN  
 City WASHINGTON State MI Zip Code 48094  
 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 ▼ 310.00

Date of Receipt 01 / 10 / 2020  
**Transaction ID : SA11AI-18543493**  
 Amount of Each Receipt this Period 310.00  
 Memo Item

**C. MAISEL, SUSAN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1727 HARBOR AVE SW UNIT N306  
 City SEATTLE State WA Zip Code 98126  
 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 01 / 21 / 2020  
**Transaction ID : SA11AI-18542472**  
 Amount of Each Receipt this Period 205.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 940.00  
**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 34
	<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)  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

**A. ROSING, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3463 STATE ST  
 APT 255  
 City SANTA BARBARA State CA Zip Code 93105  
 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  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : SA11AI-18543554**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. STOCHLIA, STACEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17912 CRIMSON CREST DR  
 City ROWLAND HEIGHTS State CA Zip Code 91748  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2020  
**Transaction ID : SA11AI-18543565**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3155.00

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	0

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33809
Amount of Each Disbursement this Period
1203.20

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	0

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33810
Amount of Each Disbursement this Period
2746.08

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	0

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33811
Amount of Each Disbursement this Period
8999.36

Candidate Name

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

Memo Item

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

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

12948.64
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**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33810
Amount of Each Disbursement this Period
6023.68

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33810
Amount of Each Disbursement this Period
5454.56

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33811
Amount of Each Disbursement this Period
2466.56

Candidate Name

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

Memo Item

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

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

13944.80
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**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33809
Amount of Each Disbursement this Period
1551.20

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33809
Amount of Each Disbursement this Period
654.24

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-33809
Amount of Each Disbursement this Period
458.88

Candidate Name

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

Memo Item

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

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

2664.32

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

C	001
Transaction ID : SB21B-33809	
Amount of Each Disbursement this Period	
90.88	
<input type="checkbox"/> Memo Item	

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

C	001
Transaction ID : SB21B-33809	
Amount of Each Disbursement this Period	
149.44	
<input type="checkbox"/> Memo Item	

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2020

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

C	001
Transaction ID : SB21B-33809	
Amount of Each Disbursement this Period	
155.36	
<input type="checkbox"/> Memo Item	

Candidate Name

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

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

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

395.68
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# 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)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Authnet Gateway

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2020

Mailing Address PO Box 899

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-33816**  
Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B. Authnet Gateway

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2020

Mailing Address PO Box 899

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-33816**  
Amount of Each Disbursement this Period

[REDACTED] 66.30

Memo Item

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

### C. Authnet Gateway

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2020

Mailing Address PO Box 899

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-33816**  
Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

[REDACTED] 126.30

**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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33816

Amount of Each Disbursement this Period

181.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33816

Amount of Each Disbursement this Period

20.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33816

Amount of Each Disbursement this Period

30.00

Memo Item

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

232.70

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33813

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33813

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33813

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

125.00



**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)  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

**A. Clearent LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 07 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33814

Amount of Each Disbursement this Period: 526.92

Memo Item

**B. Clearent LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33814

Amount of Each Disbursement this Period: 55.00

Memo Item

**C. Clearent LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33814

Amount of Each Disbursement this Period: 55.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 636.92

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33814

Amount of Each Disbursement this Period

1684.93

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33814

Amount of Each Disbursement this Period

55.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33814

Amount of Each Disbursement this Period

30.00

Memo Item

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

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

1769.93

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

Mailing Address 222 South Central  
Suite 700

FEC Identification Number

C
---

**Transaction ID : SB21B-33813**  
Amount of Each Disbursement this Period

30.00
-------

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2020

Mailing Address 222 South Central  
Suite 700

FEC Identification Number

C
---

**Transaction ID : SB21B-33813**  
Amount of Each Disbursement this Period

35.00
-------

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2020

Mailing Address 222 South Central  
Suite 700

FEC Identification Number

C
---

**Transaction ID : SB21B-33813**  
Amount of Each Disbursement this Period

20.00
-------

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

Candidate Name

Memo Item

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

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

85.00
-------

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

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**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

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 / 09 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33813

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

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 / 10 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33814

Amount of Each Disbursement this Period

217.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

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 / 23 / 2020

FEC Identification Number

C

Transaction ID : SB21B-3381:

Amount of Each Disbursement this Period

20.00

Memo Item

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

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

272.96

# 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)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Compliance Consultants

Mailing Address 1345 N Jefferson St #454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-33811

Amount of Each Disbursement this Period

[REDACTED] 1707.79

Memo Item

Full Name (Last, First, Middle Initial)

### B. Compliance Consultants

Mailing Address 1345 N Jefferson St #454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-33811

Amount of Each Disbursement this Period

[REDACTED] 3897.49

Memo Item

Full Name (Last, First, Middle Initial)

### C. Compliance Consultants

Mailing Address 1345 N Jefferson St #454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-33811

Amount of Each Disbursement this Period

[REDACTED] 12773.24

Memo Item

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

[REDACTED] 18378.52

**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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	0		

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-33811**  
Amount of Each Disbursement this Period  
[REDACTED] 8549.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	2	0		

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-33811**  
Amount of Each Disbursement this Period  
[REDACTED] 7742.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	0		

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-33811**  
Amount of Each Disbursement this Period  
[REDACTED] 3500.75

Memo Item

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

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

[REDACTED]	19792.68
------------	----------

[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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	2	0

FEC Identification Number

C

Transaction ID : SB21B-33811

Amount of Each Disbursement this Period

2201.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	2	0

FEC Identification Number

C

Transaction ID : SB21B-33810

Amount of Each Disbursement this Period

928.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	0

FEC Identification Number

C

Transaction ID : SB21B-33811

Amount of Each Disbursement this Period

651.00

Memo Item

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

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

3781.57

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33810  
Amount of Each Disbursement this Period  
128.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33810  
Amount of Each Disbursement this Period  
212.11

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33811  
Amount of Each Disbursement this Period  
220.51

Memo Item

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

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

561.61



**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		06		2020

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-33812**

Amount of Each Disbursement this Period

860.40
--------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2020

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-33813**

Amount of Each Disbursement this Period

860.40
--------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2020

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-33811**

Amount of Each Disbursement this Period

866.90
--------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

2587.70
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**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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  
Bank Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period

Memo Item

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

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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  
Bank Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33814**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33814**  
Amount of Each Disbursement this Period

Memo Item

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

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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  
Bank Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period

Memo Item

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

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period  
[REDACTED] 24.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period  
[REDACTED] 31.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Service Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-33815**  
Amount of Each Disbursement this Period  
[REDACTED] 391.50

Memo Item

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

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

[REDACTED]	447.95
------------	--------

[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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Services

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33809**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Services

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33809**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Services

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33809**  
Amount of Each Disbursement this Period

Memo Item

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

**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33812**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33812**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33812**  
Amount of Each Disbursement this Period

Memo Item

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

**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)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33812  
Amount of Each Disbursement this Period  
2913.30

Memo Item

Full Name (Last, First, Middle Initial)

### B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33812  
Amount of Each Disbursement this Period  
2636.40

Memo Item

Full Name (Last, First, Middle Initial)

### C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33812  
Amount of Each Disbursement this Period  
1193.40

Memo Item

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

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

6743.10



**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Service**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2020

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
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**Transaction ID : SB21B-33812**  
Amount of Each Disbursement this Period

748.80
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Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Unified Data Service**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2020

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
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**Transaction ID : SB21B-33812**  
Amount of Each Disbursement this Period

315.90
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Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. Unified Data Service**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2020

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
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**Transaction ID : SB21B-33812**  
Amount of Each Disbursement this Period

222.30
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Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

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

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

1287.00
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**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)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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 / 11 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33811  
Amount of Each Disbursement this Period  
42.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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 / 18 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33811  
Amount of Each Disbursement this Period  
70.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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 / 25 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-33811  
Amount of Each Disbursement this Period  
74.10

Memo Item

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

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

187.20  
94610.57