

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) **8444 COUNTY RD M**
Check if different than previously reported. (ACC) **Fredonia WI 53021**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00622472 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **06** / **2018** in the State of **NV**

5. Covering Period **10** / **18** / **2018** through **11** / **26** / **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** / **06** / **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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>	<input type="text"/>	<input type="text" value="4087.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="816395.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="87406.25"/>	<input type="text" value="2047971.79"/>
(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="903801.54"/>	<input type="text" value="2052059.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92108.37"/>	<input type="text" value="1240366.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="811693.17"/>	<input type="text" value="811693.17"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

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

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).....	5795.00	60346.00
(ii) Unitemized	81611.25	1987625.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	87406.25	2047971.79
(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)	87406.25	2047971.79
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)).....▶	87406.25	2047971.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	87406.25	2047971.79

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	92108.37	1240366.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92108.37	1240366.07
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)) ..	92108.37	1240366.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92108.37	1240366.07

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	87406.25	2047971.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87406.25	2047971.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	92108.37	1240366.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	92108.37	1240366.07

**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 6 OF 52
	<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

A. AMBROSE, RICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1792 WESTCHESTER AVE
 City CATONSVILLE State MD Zip Code 21228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CARPENTER WORKS Occupation (for Individual) CARPENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8502837
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ASHTON, LOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 SYCAMORE DR
 City CANTON State GA Zip Code 30115
 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 ▼ 210.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11AI-8502531
 Amount of Each Receipt this Period 60.00
 Memo Item

C. BARNES DAZIS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 ALCOVE CT
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) LEADING PLANNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8503419
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 7 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BASS, CAROLYN DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11491 FM 365 RD

City BEAUMONT	State TX	Zip Code 77705
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CHRISTIAN HOSPITAL		Occupation (for Individual) MEDICAL ASSISTANT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2018

Transaction ID : SA11AI-8503393

Amount of Each Receipt this Period

100.00

 Memo Item

B. BECKER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 560 SOLUTIONS WAY
 STE A

City ROCKLEDGE	State FL	Zip Code 32955
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Best Efforts		Occupation (for Individual) Best Efforts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2018

Transaction ID : SA11AI-8501395

Amount of Each Receipt this Period

100.00

 Memo Item

C. BUTLER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27756 MENTRY

City VALENCIA	State CA	Zip Code 91355
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2018

Transaction ID : SA11AI-8502549

Amount of Each Receipt this Period

200.00

 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 8 OF 52
(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. CAMERON, BARBARA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4268 PACIFICO LN
 City LAS VEGAS State NV Zip Code 89135
 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 11 / 01 / 2018
Transaction ID : SA11AI-8503719
 Amount of Each Receipt this Period 150.00
 Memo Item

B. CLINE, JACKY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 36TH AVE NE
 City OLYMPIA State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAINTER Occupation (for Individual) COMPANY PAINTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 19 / 2018
Transaction ID : SA11AI-8505535
 Amount of Each Receipt this Period 200.00
 Memo Item

C. CONN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 GIDDINGS RANCH RD
 City ALTADENA State CA Zip Code 91001
 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 10 / 24 / 2018
Transaction ID : SA11AI-8502625
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CONN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 GIDDINGS RANCH RD
 City ALTADENA State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8503519
 Amount of Each Receipt this Period 100.00
 Memo Item

B. COX, BURL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 RAMPART RD
 City NORMAN State OK Zip Code 73071
 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 11 / 19 / 2018
Transaction ID : SA11AI-8505551
 Amount of Each Receipt this Period 100.00
 Memo Item

C. DRAWHORN, GREG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO POX 1346
 City KAUFMAN State TX Zip Code 75142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TNT CRANE AND RIGGING Occupation (for Individual) CRANE OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI-8506113
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FRIEDL, TERRY, , ,

Mailing Address 1875 JEWELL CT

City STOCKTON	State CA	Zip Code 95203
------------------	-------------	-------------------

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

Name of Employer (for Individual) SKANSKA CONSTRUCTIONS	Occupation (for Individual) SUPERINTENDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2018

Transaction ID : SA11AI-8501737

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 1875 JEWELL CT

City STOCKTON	State CA	Zip Code 95203
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Contruccion Superintendent	Occupation (for Individual) SKANSKA CONSTRUCTIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2018

Transaction ID : SA11AI-8504867

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 479 CHATHAM VIEW RD

City RAMSEUR	State NC	Zip Code 27316
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FEC ID number of contributing federal political committee. **C**

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

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
11	/	19	/	2018

Transaction ID : SA11AI-8505627

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HAMBLET, SUSAN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 DAVIS AVE SW
 City LEESBURG State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11AI-8502489
 Amount of Each Receipt this Period 200.00
 Memo Item

B. HAMLIN, CHUCK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 412 MAY CREEK CT
 City GOLD BAR State WA Zip Code 98251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CABLE SPLICER Occupation (for Individual) NORTHWEST SPLICING INC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 12 / 2018
Transaction ID : SA11AI-8504909
 Amount of Each Receipt this Period 100.00
 Memo Item

C. HARDERS, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10612 W 13TH ST
 City WOOD RIVER State NE Zip Code 68883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRUCK DRIVER Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI-8502197
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. HUDSON, LISA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 IDAHO AVE W
 City SAINT PAUL State MN Zip Code 55117
 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 10 / 20 / 2018
Transaction ID : SA11AI-8500917
 Amount of Each Receipt this Period 150.00
 Memo Item

B. HUR, MARY JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 EAGLE CT
 City THE WOODLANDS State TX Zip Code 77380
 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 ▼ 235.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8502961
 Amount of Each Receipt this Period 35.00
 Memo Item

C. JACKSON, MELVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 545
 City BRYSON CITY State NC Zip Code 28713
 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 11 / 17 / 2018
Transaction ID : SA11AI-8505401
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<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

A. JADHAD, UMESH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8785 PETITE CREEK DR
 City ROSEVILLE State CA Zip Code 95661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DELOITT Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2018
Transaction ID : SA11AI-8505921
 Amount of Each Receipt this Period 300.00
 Memo Item

B. JONES, JAMES A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4037 MARCIA AVE
 City HAMILTON State OH Zip Code 45013
 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 11 / 19 / 2018
Transaction ID : SA11AI-8505671
 Amount of Each Receipt this Period 50.00
 Memo Item

C. KAMRAVA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 WOODLAKE AVE STE 290
 City WEST HILLS State CA Zip Code 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8503533
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KHALIL, RAMSIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 191 MAPLE ST
APT 8D

City LAWRENCE State MA Zip Code 01841

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

Name of Employer (for Individual) BOSTON PUBLIC SCHOOLS Occupation (for Individual) PART TIME TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI-8501175

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 191 MAPLE ST
APT 8D

City LAWRENCE State MA Zip Code 01841

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

Name of Employer (for Individual) BOSTON PUBLIC SCHOOLS Occupation (for Individual) PART TIME TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8503537

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 1233 E WALDBURG ST

City SAVANNAH State GA Zip Code 31404

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 24 / 2018
Transaction ID : SA11AI-8502641

Amount of Each Receipt this Period 150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. LYLES, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9258 WOODGREEN WAY
 City JONESBORO State GA Zip Code 30238
 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 11 / 02 / 2018
Transaction ID : SA11AI-8503801
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MCCLUNG, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 SOLANA RD
 City PONTE VEDRA BEACH State FL Zip Code 32082
 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 11 / 05 / 2018
Transaction ID : SA11AI-8504285
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MORRIS-BECK, MONTEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 HICKORY TREE RD
 City SAINT CLOUD State FL Zip Code 34772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI-8506353
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MOSES, CATHY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 798 SW MAIN BLVD
 City LAKE CITY State FL Zip Code 32025
 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 ▼ 240.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI-8506355
 Amount of Each Receipt this Period 130.00
 Memo Item

B. OBENCHAIN, ALICE M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 SAVANNAH CT
 City DALEVILLE State VA Zip Code 24083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11AI-8502477
 Amount of Each Receipt this Period 350.00
 Memo Item

C. OLSON, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15902 AURORA AVE
 City URBANDALE State IA Zip Code 50323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SALES Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 21 / 2018
Transaction ID : SA11AI-8505973
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. OWENS, BRITTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 PRIVATE ROAD 3090
 City LAMPASAS State TX Zip Code 76550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) heavy track veachile mechanic Occupation (for Individual) CONTRACTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI-8506373
 Amount of Each Receipt this Period 170.00
 Memo Item

B. POTOKAR, ROBERT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5612 REEF RD
 City MENTOR State OH Zip Code 44060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SALES MAN Occupation (for Individual) ULTRA ENTERPRISE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 19 / 2018
Transaction ID : SA11AI-8505781
 Amount of Each Receipt this Period 100.00
 Memo Item

C. PULLEN, JOHN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 FAIRVIEW RD APT 210
 City RALEIGH State NC Zip Code 27608
 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 ▼ 800.00

Date of Receipt 11 / 01 / 2018
Transaction ID : SA11AI-8503761
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	570.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RISING, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 N TWIN CITY HWY
 City PORT ARTHUR State TX Zip Code 77642
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 20 / 2018
Transaction ID : SA11AI-8500957
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ROCKEL, RUTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 MIAMI LAKES DR
 City MILFORD State OH Zip Code 45150
 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 10 / 22 / 2018
Transaction ID : SA11AI-8502141
 Amount of Each Receipt this Period 100.00
 Memo Item

C. SHIPLEY, CHRISTIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1475 SPRING VALE AVE
 City MC LEAN State VA Zip Code 22101
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) COUNSELOR Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI-8506461
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
	<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. SIMPSON, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2110 LINDA DALE
 City HOUSTON State TX Zip Code 77077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAR RIGS Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2018
Transaction ID : SA11AI-8505423
 Amount of Each Receipt this Period 150.00
 Memo Item

B. UPTON, SHARON M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 S 14TH ST
 City SUNNYSIDE State WA Zip Code 98944
 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 11 / 05 / 2018
Transaction ID : SA11AI-8504549
 Amount of Each Receipt this Period 100.00
 Memo Item

C. VIEYRA, HUGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 TIMBER RIDGE RD
 City PROSPER State TX Zip Code 75078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 05 / 2018
Transaction ID : SA11AI-8504561
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. WILCOX, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 TATE DR
 City OAKLAND State TN Zip Code 38060
 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 10 / 29 / 2018
Transaction ID : SA11AI-8503525
 Amount of Each Receipt this Period 100.00
 Memo Item

B. WILSON, JOSHUA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6490 HIGHWAY 792
 City CASTOR State LA Zip Code 71016
 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 10 / 24 / 2018
Transaction ID : SA11AI-8502611
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WREN, DAVID E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14204 MARKLEHAM WAY
 City LOUISVILLE State KY Zip Code 40245
 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 11 / 26 / 2018
Transaction ID : SA11AI-8506555
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	5795.00

**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. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B-83655 Amount of Each Disbursement this Period 209.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 10 / 26 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B-83661 Amount of Each Disbursement this Period 209.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B-8365: Amount of Each Disbursement this Period 535.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

953.21

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. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 10 / 26 / 2018	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021		
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

FEC Identification Number

Transaction ID : SB21B-83659
Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial) B. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 11 / 02 / 2018	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021		
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

FEC Identification Number

Transaction ID : SB21B-83665
Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 11 / 09 / 2018	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021		
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

FEC Identification Number

Transaction ID : SB21B-83671
Amount of Each Disbursement this Period

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1605.24"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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. Piaro, Robert, , ,

Mailing Address 8444 County Road M

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

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
11			16			2018			

FEC Identification Number

C []
Transaction ID : SB21B-83677
Amount of Each Disbursement this Period
[] 535.09

Memo Item

Full Name (Last, First, Middle Initial)

B. Piaro, Robert, , ,

Mailing Address 8444 County Road M

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

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
11			23			2018			

FEC Identification Number

C []
Transaction ID : SB21B-83683
Amount of Each Disbursement this Period
[] 535.08

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City
Random Lake

State
WI

Zip Code
53075

Purpose of Disbursement
payroll

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
10			19			2018			

FEC Identification Number

C []
Transaction ID : SB21B-83657
Amount of Each Disbursement this Period
[] 192.33

Memo Item

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

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

1262.50

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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. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-83663
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-83669
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

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-83667
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. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-83675
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa, , ,

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

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-83673
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-83681
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

A. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83679

Amount of Each Disbursement this Period: 209.06

Memo Item

B. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd. Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83687

Amount of Each Disbursement this Period: 192.33

Memo Item

C. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83688

Amount of Each Disbursement this Period: 209.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 610.45

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. American Technology Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2018

Mailing Address 125 North 2nd Street
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-83425
Amount of Each Disbursement this Period
8738.88

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 Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2018

Mailing Address 125 North 2nd Street
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-83427
Amount of Each Disbursement this Period
6846.72

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 Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2018

Mailing Address 125 North 2nd Street
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-83425
Amount of Each Disbursement this Period
3569.76

Candidate Name

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

Memo Item

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

19155.36

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. 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/Software Licensing Payment

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83431
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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/Software Licensing Payment

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83433
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83431
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. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83441
Amount of Each Disbursement this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blankrome

Mailing Address 1 Logan Square

City Philadelphia State PA Zip Code 19103-6998

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83443
Amount of Each Disbursement this Period
1249.50

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
10 / 18 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83451
Amount of Each Disbursement this Period
25.00

Memo Item

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

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

1304.50

**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: 10 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83461

Amount of Each Disbursement this Period: 30.00

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: 10 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83463

Amount of Each Disbursement this Period: 25.00

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: 10 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83461

Amount of Each Disbursement this Period: 35.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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
11 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83467

Amount of Each Disbursement this Period

[REDACTED] 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
11 / 05 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83469

Amount of Each Disbursement this Period

[REDACTED] 1737.70

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
11 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83471

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

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

[REDACTED] 1782.70

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. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83473
Amount of Each Disbursement this Period
20.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83475
Amount of Each Disbursement this Period
20.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83477
Amount of Each Disbursement this Period
45.00

Memo Item

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

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

85.00

**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. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 24 / 2018

FEC Identification Number

Transaction ID : SB21B-83485
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 31 / 2018

FEC Identification Number

Transaction ID : SB21B-83487
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Verifications Card Processing

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
11 / 07 / 2018

FEC Identification Number

Transaction ID : SB21B-83488
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. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Verifications Card Processing

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83491

Amount of Each Disbursement this Period

[REDACTED] 5167.89

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Verifications Card Processing

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83493

Amount of Each Disbursement this Period

[REDACTED] 3671.75

Memo Item

Full Name (Last, First, Middle Initial)

C. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-8349!

Amount of Each Disbursement this Period

[REDACTED] 871.70

Memo Item

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

[REDACTED] 9711.34

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. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement Computer

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83497
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Department of Workforce Development

Mailing Address 6083 N Teutonia Avenue
PO Box 09999

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement State Unemployment

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83499
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186-1867

Purpose of Disbursement Accounting Services

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83505
 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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 10 / 31 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-83511
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 11 / 05 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-83513
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 484.60
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 11 / 05 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-83511
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	587.82
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. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2018

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-83517
Amount of Each Disbursement this Period

51.61

Memo Item

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
11		14		2018

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-83519
Amount of Each Disbursement this Period

51.61

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
11		21		2018

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-83521
Amount of Each Disbursement this Period

51.61

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)..... ▶

154.83

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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. Fox, O'Neill & Shannon, S. C.

Mailing Address 622 N Water St
Ste 500

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2018			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-83523
Amount of Each Disbursement this Period
[REDACTED] 73.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2018			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-83529
Amount of Each Disbursement this Period
[REDACTED] 536.42

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-83531
Amount of Each Disbursement this Period
[REDACTED] 536.38

Memo Item

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

[REDACTED]	1146.30
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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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. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

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
10			31			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83533

Amount of Each Disbursement this Period

[REDACTED]	35.88
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

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
11			02			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83535

Amount of Each Disbursement this Period

[REDACTED]	536.40
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

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
11			07			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83537

Amount of Each Disbursement this Period

[REDACTED]	536.40
------------	--------

Memo Item

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

[REDACTED]	1108.68
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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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. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2018

FEC Identification Number

C

Transaction ID : SB21B-83539

Amount of Each Disbursement this Period

536.36

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B-83541

Amount of Each Disbursement this Period

536.36

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21B-8354:

Amount of Each Disbursement this Period

536.40

Memo Item

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

1609.12

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. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83545
Amount of Each Disbursement this Period
536.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83547
Amount of Each Disbursement this Period
536.42

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh

State PA

Zip Code 15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83551
Amount of Each Disbursement this Period
25.00

Memo Item

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

1097.82

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
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

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
10			23			2018			

FEC Identification Number

C

Transaction ID : SB21B-83561

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

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
10			25			2018			

FEC Identification Number

C

Transaction ID : SB21B-83563

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

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
10			31			2018			

FEC Identification Number

C

Transaction ID : SB21B-83564

Amount of Each Disbursement this Period

308.72

Memo Item

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

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

353.72

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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
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

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
10			31			2018			

FEC Identification Number

C

Transaction ID : SB21B-83567

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

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
11			02			2018			

FEC Identification Number

C

Transaction ID : SB21B-83569

Amount of Each Disbursement this Period

58.90

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

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
11			02			2018			

FEC Identification Number

C

Transaction ID : SB21B-83571

Amount of Each Disbursement this Period

31.50

Memo Item

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

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

115.40

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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 15230-9378

Purpose of Disbursement Bank Fee/Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83573

Amount of Each Disbursement this Period: 24.95

Memo Item

Full Name (Last, First, Middle Initial)
B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9378

Purpose of Disbursement Bank Fee/Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83575

Amount of Each Disbursement this Period: 50.00

Memo Item

Full Name (Last, First, Middle Initial)
C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9378

Purpose of Disbursement Bank Fee/Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83577

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 99.95

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
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

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
11			21			2018			

FEC Identification Number

C

Transaction ID : SB21B-83579

Amount of Each Disbursement this Period

15.00

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
Rent

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
10			22			2018			

FEC Identification Number

C

Transaction ID : SB21B-83589

Amount of Each Disbursement this Period

69.00

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
Rent

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
10			22			2018			

FEC Identification Number

C

Transaction ID : SB21B-83591

Amount of Each Disbursement this Period

59.00

Memo Item

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

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

143.00

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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. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83581
 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 Rent

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83583
 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 Rent

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-8358!
 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. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

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-83587
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 Rent

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-83593
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 Rent

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-8359!
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. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

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-83597
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 Rent

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-83599
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1350 W Southport Rd
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-83611
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 Services LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

C
003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83615
Amount of Each Disbursement this Period
3311.10

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:	

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2018			

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

C
003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83617
Amount of Each Disbursement this Period
1727.70

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:	

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2018			

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

C
003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83615
Amount of Each Disbursement this Period
1762.80

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:	

Memo Item

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

6801.60

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. Unified Data Services LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2018			

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83621
Amount of Each Disbursement this Period
1251.90

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2018			

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83627
Amount of Each Disbursement this Period
59.07

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83625
Amount of Each Disbursement this Period
59.07

Candidate Name

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

Memo Item

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

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

1370.04

**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. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-83631
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

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. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2018			

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-83633
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

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. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2018			

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-83631
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

[] 177.21

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. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-83637

Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

[] 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.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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)..... ▶

[] 59.07

[] 92108.37