PAGE 1 / 25

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

I OKIVI 3X	For Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5
AMERICANS FOR	THE CURE OF BREAS	T CANCER	
ADDRESS (number and street	N19 W24400 RIVERWOOD	DRIVE STE 350	
Check if different than previously reported. (ACC)	WAUKESHA		WI 53118 -
2. FEC IDENTIFICATION	I NUMBER ▼ CIT	ГУ▲	STATE ▲ ZIP CODE ▲
C C00660233		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 20 (M3) Jun 20	(Non-Election Year Only)
(a) Quarterly Reports:	Apr	20 (M4) Jul 20	Year Only)
April 15 Quarterly Repo July 15	rt (Q1) (c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Repo October 15	rt (Q2) Report for the:	Convention (12C)	Special (12S)
Quarterly Repo January 31 Year-End Repo	Floatie	on on	in the State of
July 31 Mid-Ye Report (Non-ele Year Only) (MY	ar (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Re (TER)	port Report for the:	on on	in the State of
5. Covering Period	01 01 2020		03 31 2020
I certify that I have examine	d this Report and to the best of PIARO, ROBERT, , ,	my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treas			
Signature of Treasurer	PIARO, ROBERT, , ,	[Electronically Filed]	Date 04 / 15 / 2020
NOTE: Submission of false, e	rroneous, or incomplete informatio	n may subject the person sig	ning this Report to the penalties of 52 U.S.C. § 3010§
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

01 2020 03 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 39017.86 January 1, 2020 (b) Cash on Hand at 39017.86 Beginning of Reporting Period..... 26091.35 26091.35 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 65109.21 65109.21 6(a) and 6(c) for Column B)..... 25789.58 25789.58 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 39319.63 39319.63 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

R	eport Covering the Period: From:	01 / 2020 To:	93 31 2020
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees	'	
	(i) Itemized (use Schedule A)	300.00	300.00
	(ii) Unitemized(iii) TOTAL (add	25791.35	25791.35
	Lines 11(a)(i) and (ii)	26091.35	26091.35
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	26091.35	26091.35
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(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))▶	26091.35	26091.35
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	26091.35	26091.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calcinal Tout to Date
Activity (from Schedule H4)	0.00	2.22
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	25579.58	25579.58
Expenditures(c) Total Operating Expenditures	23373.30	2007 0.00
(add 21(a)(i), (a)(ii), and (b))▶	25579.58	25579.58
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	4 4	
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4 4	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	4 4
Than Political Committees	210.00	210.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	4 4 4
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	210.00	210.00
Other Disbursements (Including	4 4	
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20))	4 4	4 4
(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	4 4	
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Dishuranmento (add Lines 24/a), 22		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25700 50	25700 50
	25789.58	25789.58
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	25789.58	25700 50
	20109.00	25789.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 26091.35 26091.35 (from Line 11(d), page 3) 210.00 210.00 (from Line 28(d))..... 25881.35 25881.35 (subtract Line 34 from Line 33) 25579.58 25579.58 (add Line 21(a)(i) and Line 21(b))▶ 0.00 0.00 (from Line 15, page 3)..... 25579.58 25579.58 (subtract Line 37 from Line 36)

:97 `A = G79 @ @5 B9C IG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF` ±H9A = N5 H±CB

Form/Schedule: F3XT Transaction ID:

I (Robert Piaro) am requesting termination of the AFCBC PAC. There is no credit card associated with this PAC and no outstanding debt/loans. Current remaining money in account approximately \$37,000.00. Plan to donate remaining funds to the Susan G Komen Foundation.

Form/Schedule: F3XT Transaction ID:

AMERICANS FOR THE CURE OF BREAST CANCER / C006602331. Initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution.2. Secondarily, if employer/occupation information was still not provided within the above steps, a follow up phone call would be placed to the contributor within 30 days of receipt of the contribution via a separate pre-addressed post card sent in the US Mail to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution.3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement.4. The missing employer/occupation information, if/when obtained, will be uploaded and we would subsequently update our reports to include the missing information. In instances where all efforts outlined above fail to obtain this information, the words "unavailable" or "refused" will be uploaded for these fields. In either scenario, the PAC will either file a memo Schedule A with its next regularly scheduled report, listing all contributions for which new contributor information has been received, or file an amendment to the original report.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(ch	nec	ck only	or	ne)						
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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICANS FOR THE CURI	E OF BREAST CANCER	
Full Name of Individual (Last, First, Middle PROCTOR, NICK, , ,		Date of Receipt
Mailing Address 3960 COUNTY ROAD HO		01 27 2020
City JUNCTION CITY	State Zip Code WI 54443	Transaction ID : SA11AI-18583712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle 3. Mailing Address	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Each Pagaint this Paried
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Jan 1885 pt till 1 Gridd
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
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	AMERICANS FOR THE CURE OF	BREAS	ST CANCER	<u> </u>											
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SCHEDULE B (FEC Form 3X)			NE NUMBER: PAGE 10 OF 25									
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A. American Technology			Date	Date of Disbursement								
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(official offin)	
Any information copied from such Reports and States or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) AMERICANS FOR THE CURE OF	me and address of any polit	tical committee to	
Full Name (Last, First, Middle Initial) A. Authnet Gateway Mailing Address PO Box 899			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
San Francisco Purpose of Disbursement	State Zip Code CA 94128		FEC Identification Number
Credit Card Fee/Merchant Fee Candidate Name		001 Category/ Type	Transaction ID : SB21B-33793 Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼	,	15.00 Memo Item
Full Name (Last, First, Middle Initial) B. Authnet Gateway Mailing Address PO Box 899			Date of Disbursement O1
City San Francisco Purpose of Disbursement Credit Card Deposit Fees (Combined) Candidate Name	State Zip Code CA 94128	001	FEC Identification Number C Transaction ID : SB21B-33798
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 483.41 Credit Card off the top deposit fee combined for period
Full Name (Last, First, Middle Initial) C. Compliance Consultants Mailing Address 1345 N Jefferson St #454			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	Mailing Address PO Box 609														
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	Candidate Name				Transaction ID : SB21B-33772										
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	Mailing Address PO Box 856177				01 02 2020										
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Purpose of Disbursement Credit Card Payment Candidate Name			001	Transaction ID : SB21B-33772								
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