

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

AMERICANS FOR THE CURE OF BREAST CANCER

ADDRESS (number and street) N19 W24400 RIVERWOOD DRIVE STE 350

Check if different than previously reported. (ACC) WAUKESHA WI 53118

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

C C00660233

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

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

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

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

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

5. Covering Period 01 / 01 / 2020 through 03 / 31 / 2020

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

PIARO, ROBERT, , ,

Type or Print Name of Treasurer

Signature of Treasurer PIARO, ROBERT, , , [Electronically Filed] Date 04 / 15 / 2020

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICANS FOR THE CURE OF BREAST CANCER**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		39017.86
(b) Cash on Hand at Beginning of Reporting Period.....	39017.86	
(c) Total Receipts (from Line 19) .....	26091.35	26091.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65109.21	65109.21
7. Total Disbursements (from Line 31).....	25789.58	25789.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39319.63	39319.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

AMERICANS FOR THE CURE OF BREAST CANCER

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	300.00	300.00
(ii) Unitemized .....	25791.35	25791.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26091.35	26091.35
(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) .....	26091.35	26091.35
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)).....▶	26091.35	26091.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26091.35	26091.35

**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 .....	25579.58	25579.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25579.58	25579.58
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 .....	210.00	210.00
(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)).....	210.00	210.00
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)) ..	25789.58	25789.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25789.58	25789.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26091.35	26091.35
34. Total Contribution Refunds (from Line 28(d)) .....	210.00	210.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25881.35	25881.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25579.58	25579.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25579.58	25579.58

: 97 `A =G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCF HZ`G7 <98 I @ `CF `H9 A =N5 HCB

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. Secondly, if employer/occupation information was still not provided within the above steps, a follow up phone call would be placed to the contributor within 30 days of receipt of the contribution via a separate pre-addressed post card sent in the US Mail to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution. 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. 4. The missing employer/occupation information, if/when obtained, will be uploaded and we would subsequently update our reports to include the missing information. In instances where all efforts outlined above fail to obtain this information, the words "unavailable" or "refused" will be uploaded for these fields. In either scenario, the PAC will either file a memo Schedule A with its next regularly scheduled report, listing all contributions for which new contributor information has been received, or file an amendment to the original report.

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

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

FOR LINE NUMBER: PAGE 7 OF 25  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

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

Mailing Address 3960 COUNTY ROAD HO

City JUNCTION CITY	State WI	Zip Code 54443
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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  
MM / DD / YYYY  
01 / 27 / 2020

**Transaction ID : SA11AI-18583712**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. American Technology**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 08 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33769

Amount of Each Disbursement this Period: 577.60

Memo Item

**B. American Technology**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33769

Amount of Each Disbursement this Period: 733.12

Memo Item

**C. American Technology**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33769

Amount of Each Disbursement this Period: 902.88

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2213.60

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Technology</b>			Date of Disbursement MM / DD / YYYY 01 / 29 / 2020		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [ ] <b>Transaction ID : SB21B-33769</b> Amount of Each Disbursement this Period [ ] 132.48		
City Phoenix	State AZ	Zip Code 85250	Category/Type 001		
Purpose of Disbursement Software/Software Licensing Payment			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) <b>B. American Technology</b>			Date of Disbursement MM / DD / YYYY 02 / 05 / 2020		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [ ] <b>Transaction ID : SB21B-33769</b> Amount of Each Disbursement this Period [ ] 3820.64		
City Phoenix	State AZ	Zip Code 85250	Category/Type 001		
Purpose of Disbursement Software/Software Licensing Payment			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) <b>C. American Technology</b>			Date of Disbursement MM / DD / YYYY 02 / 12 / 2020		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [ ] <b>Transaction ID : SB21B-33769</b> Amount of Each Disbursement this Period [ ] 526.88		
City Phoenix	State AZ	Zip Code 85250	Category/Type 001		
Purpose of Disbursement Software/Software Licensing Payment			Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 4480.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]		

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. American Technology**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 19 / 2020

FEC Identification Number: C [REDACTED]  
Transaction ID : SB21B-33769  
Amount of Each Disbursement this Period: 12.48

Memo Item

**B. American Technology**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2020

FEC Identification Number: C [REDACTED]  
Transaction ID : SB21B-33769  
Amount of Each Disbursement this Period: 386.08

Memo Item

**C. American Technology**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 11 / 2020

FEC Identification Number: C [REDACTED]  
Transaction ID : SB21B-33771  
Amount of Each Disbursement this Period: 288.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 687.04

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Technology</b>			Date of Disbursement MM / DD / YYYY 03 / 25 / 2020	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33770</b> Amount of Each Disbursement this Period [REDACTED] 35.68	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>			Date of Disbursement MM / DD / YYYY 01 / 03 / 2020	
Mailing Address PO Box 899			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33794</b> Amount of Each Disbursement this Period [REDACTED] 40.62	
City San Francisco	State CA	Zip Code 94128	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>			Date of Disbursement MM / DD / YYYY 02 / 04 / 2020	
Mailing Address PO Box 899			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33794</b> Amount of Each Disbursement this Period [REDACTED] 63.16	
City San Francisco	State CA	Zip Code 94128	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

[REDACTED] 139.46
[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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  
03 / 03 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33793

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Deposit Fees (Combined)

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33798

Amount of Each Disbursement this Period

483.41

Credit Card off the top deposit fees combined for period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2020

FEC Identification Number

C

Transaction ID : SB21B-33771

Amount of Each Disbursement this Period

819.83

Memo Item

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

834.83

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33770

Amount of Each Disbursement this Period: 1040.57

Memo Item

**B. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33770

Amount of Each Disbursement this Period: 1281.53

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B-33770

Amount of Each Disbursement this Period: 188.04

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2510.14

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2020	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33770</b> Amount of Each Disbursement this Period [REDACTED] 5422.69	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [REDACTED] 5422.69	
Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2020	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b> Amount of Each Disbursement this Period [REDACTED] 747.84	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [REDACTED] 747.84	
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2020	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b> Amount of Each Disbursement this Period [REDACTED] 17.49	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [REDACTED] 17.49	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 6188.02	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[REDACTED]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2020	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b> Amount of Each Disbursement this Period [REDACTED] 615.90	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2020	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b> Amount of Each Disbursement this Period [REDACTED] 409.46	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2020	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b> Amount of Each Disbursement this Period [REDACTED] 50.64	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 1076.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[REDACTED]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2020
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1488.40
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>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2020
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 68.40
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>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2020
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-33771</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 68.40
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)..... ▶

1625.20

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33772**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement  
Bank Service Fee

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33772**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33772**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement  
Credit Card Payment

001  
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-33772**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
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

/  /

FEC Identification Number

**Transaction ID : SB21B-33772**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee

001  
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-33772**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Service 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-33773**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
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-33772**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement  
Credit Card 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-3377:**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Service Fee Category/Type **001**

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B-33794**  
 Amount of Each Disbursement this Period  
 33.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement Credit Card Payment Category/Type **001**

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B-33773**  
 Amount of Each Disbursement this Period  
 64.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Services Category/Type **001**

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B-3377:**  
 Amount of Each Disbursement this Period  
 79.00

(Credit Card Purchase)

Memo Item

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

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

97.54

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Regus Management</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2020	
Mailing Address 11414 W Park Place		FEC Identification Number C [ ] <b>Transaction ID : SB21B-33773</b>	
City Milwaukee	State WI	Zip Code 53224	Amount of Each Disbursement this Period [ ] 111.90 (Credit Card Purchase)
Purpose of Disbursement Mailing Services		Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Regus Management</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2020	
Mailing Address 11414 W Park Place		FEC Identification Number C [ ] <b>Transaction ID : SB21B-33773</b>	
City Milwaukee	State WI	Zip Code 53224	Amount of Each Disbursement this Period [ ] 158.00 (Credit Card Purchase)
Purpose of Disbursement Mailing Services		Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Regus Management</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2020	
Mailing Address 11414 W Park Place		FEC Identification Number C [ ] <b>Transaction ID : SB21B-33773</b>	
City Milwaukee	State WI	Zip Code 53224	Amount of Each Disbursement this Period [ ] 413.00 (Credit Card Purchase)
Purpose of Disbursement Mailing Services		Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Unified Data Services**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33774**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-33774**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

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

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FEC Identification Number

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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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
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Candidate Name

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State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
03 / 25 / 2020

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Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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Candidate Name

Office Sought:  House  Senate  President  
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