

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 / / in the State of

5. Covering Period / / 2019 through / / 2019

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 / / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>	<input type="text" value="55768.27"/>	<input type="text" value="55768.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55768.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="373530.49"/>	<input type="text" value="373530.49"/>
(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="429298.76"/>	<input type="text" value="429298.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="408020.26"/>	<input type="text" value="408020.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21278.50"/>	<input type="text" value="21278.5"/>
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="609.39"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Report Covering the Period: From: 01 / 01 / 2019 To: 06 / 30 / 2019

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).....	14980.00	14980.00
(ii) Unitemized	358550.49	358550.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	373530.49	373530.49
(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)	373530.49	373530.49
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)).....▶	373530.49	373530.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	373530.49	373530.49

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	407660.26	407660.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	407660.26	407660.26
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	360.00	360.00
(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)).....	360.00	360.00
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)) ..	408020.26	408020.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	408020.26	408020.26

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)	373530.49	373530.49
34. Total Contribution Refunds (from Line 28(d))	360.00	360.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	373170.49	373170.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	407660.26	407660.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	407660.26	407660.26

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XA
Transaction ID :

BEST EFFORTS PROCEDURES - ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS / C006224721. Initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution.2. Secondly, if employer/occupation information was still not provided within the above steps, a follow up phone call would be placed to the contributor within 30 days of receipt of the contribution via a separate pre-addressed post card sent in the US Mail to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution.3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement.4. The missing employer/occupation information, if/when obtained, will be uploaded and we would subsequently update our reports to include the missing information. In instances where all efforts outlined above fail to obtain this information, the words "unavailable" or "refused" will be uploaded for these fields. In either scenario, the PAC will either file a memo Schedule A with its next regularly scheduled report, listing all contributions for which new contributor information has been received, or file an amendment to the original report.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 141
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALBERT, BARBARA, , ,

Mailing Address 515 E 72ND ST FL 41

City NEW YORK	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2019

Transaction ID : SA11AI-16160611

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 515 E 72ND ST FL 41

City NEW YORK	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2019

Transaction ID : SA11AI-16160612

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 11 BALDRIDGE RD

City ANNAPOLIS	State MD	Zip Code 21401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENGINEERING CO	Occupation (for Individual) Best Efforts
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2019

Transaction ID : SA11AI-16160882

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 8 OF 141
	<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. BROOKS, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6092 IVORY CIR
 City HUNTINGTON BEACH State CA Zip Code 92647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) House Wife Occupation (for Individual) House Wife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 01 / 2019**
Transaction ID : SA11AI-16162009
 Amount of Each Receipt this Period 250.00
 Memo Item

B. BUTLER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3744 WINFORD DR
 City TARZANA State CA Zip Code 91356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAISER Occupation (for Individual) EXECUTIVE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **06 / 12 / 2019**
Transaction ID : SA11AI-16162320
 Amount of Each Receipt this Period 255.00
 Memo Item

C. CAUCHOIS, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MILBANK AVE APT 2D
 City GREENWICH State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **01 / 28 / 2019**
Transaction ID : SA11AI-16162652
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	705.00
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 141
<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. CAUCHOIS, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MILBANK AVE
 APT 2D
 City GREENWICH State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 28 / 2019
Transaction ID : SA11AI-16162653
 Amount of Each Receipt this Period 200.00
 Memo Item

B. CLINE, CLAUDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 375 RAMONA EXPY
 APT 26
 City PERRIS State CA Zip Code 92571
 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 05 / 21 / 2019
Transaction ID : SA11AI-16162918
 Amount of Each Receipt this Period 200.00
 Memo Item

C. CLINE, CLAUDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 375 RAMONA EXPY
 APT 26
 City PERRIS State CA Zip Code 92571
 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 ▼ 400.00

Date of Receipt 05 / 22 / 2019
Transaction ID : SA11AI-16162919
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 10 OF 141
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLINGTON, JOHNIE D, , ,

Mailing Address 313 ALLEN AVE

City HOPEWELL	State VA	Zip Code 23860
------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2019

Transaction ID : SA11AI-16164242

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FEIST, DONOVAN J, , ,

Mailing Address 1202 TROUT DR

City WOODSTOCK	State GA	Zip Code 30189
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2019

Transaction ID : SA11AI-16164480

Amount of Each Receipt this Period
215.00

Memo Item

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

Mailing Address 125 GREENTREE RD

City CHAGRIN FALLS	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) BUSINESSS OWNER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019

Transaction ID : SA11AI-16164739

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	715.00
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 141
<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. FRIERSON, TERRY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3635
 City VICTORVILLE State CA Zip Code 92393
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2019
Transaction ID : SA11AI-16164862
 Amount of Each Receipt this Period 250.00
 Memo Item

B. GEISE, LOURDES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5923 BONNEVILLE WAY
 City INDIANAPOLIS State IN Zip Code 46237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WINDROSE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 11 / 2019
Transaction ID : SA11AI-16165106
 Amount of Each Receipt this Period 210.00
 Memo Item

C. GEISE, LOURDES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5923 BONNEVILLE WAY
 City INDIANAPOLIS State IN Zip Code 46237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physician Occupation (for Individual) Windrose Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 12 / 2019
Transaction ID : SA11AI-16165105
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	670.00
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 141
	<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. GRUBB, WILLIAM R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6015 W 119TH ST
 APT 2110
 City OVERLAND PARK State KS Zip Code 66209
 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 ▼ 500.00

Date of Receipt 01 / 03 / 2019
Transaction ID : SA11AI-16165606
 Amount of Each Receipt this Period 500.00
 Memo Item

B. HAMBRICK, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 6TH ST NW
 City HICKORY State NC Zip Code 28601
 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 ▼ 240.00

Date of Receipt 01 / 02 / 2019
Transaction ID : SA11AI-16165765
 Amount of Each Receipt this Period 40.00
 Memo Item

C. HAMBRICK, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 6TH ST NW
 City HICKORY State NC Zip Code 28601
 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 ▼ 240.00

Date of Receipt 05 / 01 / 2019
Transaction ID : SA11AI-16165766
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	740.00
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 141
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUGHS, LORRAINE A, , ,

Mailing Address 105 FORT HEMBREE ST

City HAYESVILLE	State NC	Zip Code 28904
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2019

Transaction ID : SA11AI-16166633

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUGHS, LORRAINE A, , ,

Mailing Address 105 FORT HEMBREE ST

City HAYESVILLE	State NC	Zip Code 28904
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2019

Transaction ID : SA11AI-16166634

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JACKSON, DOUGLAS E, , ,

Mailing Address 3088 LENOX RD NE
APT 323

City ATLANTA	State GA	Zip Code 30324
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2019

Transaction ID : SA11AI-16166783

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 141
	<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. JONES, GLINDA DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8177 S HARVARD AVE
 STE 220
 City TULSA State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 04 / 2019
Transaction ID : SA11AI-16167125
 Amount of Each Receipt this Period 300.00
 Memo Item

B. JONES, MARLENE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 WIMBLEDON LN
 City TRACY State CA Zip Code 95376
 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 02 / 02 / 2019
Transaction ID : SA11AI-16167141
 Amount of Each Receipt this Period 300.00
 Memo Item

C. JONES, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 WIMBLEDON LN
 City TRACY State CA Zip Code 95376
 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 ▼ 310.00

Date of Receipt 06 / 12 / 2019
Transaction ID : SA11AI-16167138
 Amount of Each Receipt this Period 310.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	910.00
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 141
	<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. JONES, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1073 SPRING MEADOW DR
 City MANTECA State CA Zip Code 95336
 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 ▼ 310.00

Date of Receipt 06 / 12 / 2019
Transaction ID : SA11AI-16167140
 Amount of Each Receipt this Period 310.00
 Memo Item

B. KING, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 WAKARUSA DR APT 110
 City LAWRENCE State KS Zip Code 66049
 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 ▼ 215.00

Date of Receipt 01 / 02 / 2019
Transaction ID : SA11AI-16167466
 Amount of Each Receipt this Period 100.00
 Memo Item

C. KING, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 WAKARUSA DR APT 110
 City LAWRENCE State KS Zip Code 66049
 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 ▼ 215.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI-16167467
 Amount of Each Receipt this Period 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 16 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KOHR, CHRISTINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 FAIRWOOD FOREST DR
 City CLEARWATER State FL Zip Code 33759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 05 / 22 / 2019
Transaction ID : SA11AI-16167629
 Amount of Each Receipt this Period 215.00
 Memo Item

B. KOHR, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 FAIRWOOD FOREST DR
 City CLEARWATER State FL Zip Code 33759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 05 / 22 / 2019
Transaction ID : SA11AI-16167628
 Amount of Each Receipt this Period 215.00
 Memo Item

C. LARA, HECTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6242 SUWANEE DAM RD
 City SUGAR HILL State GA Zip Code 30518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) CONTRUCTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 07 / 2019
Transaction ID : SA11AI-16167856
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.00
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 141
	<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. LARA, HECTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6242 SUWANEE DAM RD
 City SUGAR HILL State GA Zip Code 30518
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : SA11AI-16167855
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. LAWS, ALONZO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 LASSEN DR
 City SAN BRUNO State CA Zip Code 94066
 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2019
Transaction ID : SA11AI-16167923
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. LAWS, CALVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 LASSEN DR
 City SAN BRUNO State CA Zip Code 94066
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : SA11AI-16167924
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 141
	<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. MARTINEZ, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 PAT CRUZ
 City EL PASO State TX Zip Code 79932
 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 ▼ 275.00

Date of Receipt 01 / 07 / 2019
Transaction ID : SA11AI-16168639
 Amount of Each Receipt this Period 75.00
 Memo Item

B. MARTINEZ, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 PAT CRUZ
 City EL PASO State TX Zip Code 79932
 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 ▼ 275.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI-16168640
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MASISAK, JERRY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4535 BRIDLE CT
 City AVON State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 07 / 2019
Transaction ID : SA11AI-16168659
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00
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 19 OF 141
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MASISAK, JERRY E, , ,

Mailing Address 4535 BRIDLE CT

City AVON	State OH	Zip Code 44011
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2019

Transaction ID : SA11AI-16168660

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 4535 BRIDLE CT

City AVON	State OH	Zip Code 44011
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2019

Transaction ID : SA11AI-16168658

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MOHAN, DONNA V, , ,

Mailing Address 2293 LINDSAY DR

City CARLSBAD	State CA	Zip Code 92008
------------------	-------------	-------------------

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 ▼
355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2019

Transaction ID : SA11AI-16169399

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 20 OF 141
(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. MOHAN, DONNA V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2293 LINDSAY DR
 City CARLSBAD State CA Zip Code 92008
 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 ▼ 355.00

Date of Receipt 06 / 06 / 2019
Transaction ID : SA11AI-16169400
 Amount of Each Receipt this Period 255.00
 Memo Item

B. MOHAN, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2293 LINDSAY DR
 City CARLSBAD State CA Zip Code 92008
 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 ▼ 255.00

Date of Receipt 06 / 06 / 2019
Transaction ID : SA11AI-16169397
 Amount of Each Receipt this Period 255.00
 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 ▼ 300.00

Date of Receipt 04 / 08 / 2019
Transaction ID : SA11AI-16169579
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00
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 21 OF 141
	<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. NEER, VEESHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 TARA WAY
 APT 11
 City PENNINGTON State NJ Zip Code 08534
 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 ▼ 550.00

Date of Receipt 01 / 03 / 2019
Transaction ID : SA11AI-16169803
 Amount of Each Receipt this Period 50.00
 Memo Item

B. NEER, VEESHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 TARA WAY
 APT 11
 City PENNINGTON State NJ Zip Code 08534
 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 ▼ 550.00

Date of Receipt 05 / 21 / 2019
Transaction ID : SA11AI-16169804
 Amount of Each Receipt this Period 500.00
 Memo Item

C. OBRIEN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SOUTHWYCK DR
 City CHAGRIN FALLS State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2019
Transaction ID : SA11AI-16170051
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 22 OF 141
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OMOTAYO, ADEWELE G, , ,

Mailing Address 9701 GOODWARD TER

City NORTH CHESTERFIELD	State VA	Zip Code 23236
----------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2019

Transaction ID : SA11AI-16170158

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OMOTAYO, ADEWELE G, , ,

Mailing Address 9701 GOODWARD TER

City NORTH CHESTERFIELD	State VA	Zip Code 23236
----------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2019

Transaction ID : SA11AI-16170159

Amount of Each Receipt this Period
110.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PARVIN, ROBERT W, , ,

Mailing Address 55201 BUREL ROAD

City RALEIGH	State NC	Zip Code 27606
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RALLY EAST CONCRETE	Occupation (for Individual) CONCRETE
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2019

Transaction ID : SA11AI-16170409

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	810.00
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 23 OF 141
	<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. POLAMALU, THEODORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5005
 City RANCHO SANTA FE State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) OFFICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 05 / 2019
Transaction ID : SA11AI-16170823
 Amount of Each Receipt this Period 450.00
 Memo Item

B. RAUTH, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2348 SUNCREST ST
 City ATWATER State CA Zip Code 95301
 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 ▼ 315.00

Date of Receipt 05 / 01 / 2019
Transaction ID : SA11AI-16171142
 Amount of Each Receipt this Period 315.00
 Memo Item

C. STANFORD, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9025
 City PECOS State TX Zip Code 79772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) RANCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 08 / 2019
Transaction ID : SA11AI-16172873
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1265.00
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 24 OF 141
	<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. SYKES, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1094 WYATTS MILL RD
 City JARRATT State VA Zip Code 23867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEAT COMPANY Occupation (for Individual) SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2019
Transaction ID : SA11AI-16173212
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. VILLALOBOS, JUAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 733 S ALMADEN AVE
 City SAN JOSE State CA Zip Code 95110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) LANDSCAPE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2019
Transaction ID : SA11AI-16173948
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. WILKINS, BETSY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20475 E WALNUT DR
 City LINDEN State CA Zip Code 95236
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2019
Transaction ID : SA11AI-16174543
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 25 OF 141
	<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. WILKINS, BETSY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20475 E WALNUT DR
 City LINDEN State CA Zip Code 95236
 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 ▼ 650.00

Date of Receipt 06 / 07 / 2019
Transaction ID : SA11AI-16174544
 Amount of Each Receipt this Period 350.00
 Memo Item

B. WILKINS, BETSY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20475 E WALNUT DR
 City LINDEN State CA Zip Code 95236
 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 ▼ 350.00

Date of Receipt 06 / 07 / 2019
Transaction ID : SA11AI-16174542
 Amount of Each Receipt this Period 350.00
 Memo Item

C. WINDHORST, DAVID R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 SPRING FARMS DR
 City FLOYDS KNOBS State IN Zip Code 47119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) KINDRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2019
Transaction ID : SA11AI-16174726
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 26 OF 141
	<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. WOLF, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 W 4TH ST
 City EAST GREENVILLE State PA Zip Code 18041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2019
Transaction ID : SA11AI-16174773
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. YOUNGWOLF, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 388
 City NEW TOWN State ND Zip Code 58763
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2019
Transaction ID : SA11AI-16174974
 Amount of Each Receipt this Period
 350.00
 Memo Item

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

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

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	14980.00

**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 01 / 04 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 01 / 11 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [REDACTED] 254.75	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 01 / 18 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-2778: Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 764.29	
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. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 01 / 25 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 01 / 31 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-2778: Amount of Each Disbursement this Period [REDACTED] 254.75	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 764.28	
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. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 02 / 15 / 2019		
Mailing Address W4960 Kohler Drive					
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [] Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [] 254.77		
Purpose of Disbursement payroll		Category/ Type 001	Memo Item <input type="checkbox"/>		
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. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 02 / 22 / 2019		
Mailing Address W4960 Kohler Drive					
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [] Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [] 254.76		
Purpose of Disbursement payroll		Category/ Type 001	Memo Item <input type="checkbox"/>		
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) C. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 02 / 28 / 2019		
Mailing Address W4960 Kohler Drive					
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [] Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [] 254.77		
Purpose of Disbursement payroll		Category/ Type 001	Memo Item <input type="checkbox"/>		
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)..... ▶			[] 764.30		
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. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 03 / 08 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.75	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 03 / 15 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 03 / 22 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 764.29	
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. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 04 / 05 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 04 / 12 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 764.28	
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. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

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
0	4		1	9		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27784
Amount of Each Disbursement this Period
[REDACTED] 254.77

Memo Item

Full Name (Last, First, Middle Initial)

B. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

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
0	4		2	6		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27784
Amount of Each Disbursement this Period
[REDACTED] 254.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

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
0	5		0	3		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27784
Amount of Each Disbursement this Period
[REDACTED] 254.77

Memo Item

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

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

[REDACTED]	764.29
------------	--------

[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. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B-27785

Amount of Each Disbursement this Period

254.76

Memo Item

Full Name (Last, First, Middle Initial)

B. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	7		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B-27785

Amount of Each Disbursement this Period

254.77

Memo Item

Full Name (Last, First, Middle Initial)

C. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	4		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B-2778!

Amount of Each Disbursement this Period

254.76

Memo Item

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

764.29

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. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27785 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27785 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 06 / 14 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27785 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 764.29	
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. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 06 / 21 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27785 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,			Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27786 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 01 / 04 / 2019	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27788 Amount of Each Disbursement this Period [REDACTED] 711.39	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 1220.91	
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

A. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

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 01 / 11 / 2019

FEC Identification Number C

Transaction ID : SB21B-27786

Amount of Each Disbursement this Period 711.39

Memo Item

B. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

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 01 / 18 / 2019

FEC Identification Number C

Transaction ID : SB21B-27786

Amount of Each Disbursement this Period 711.40

Memo Item

C. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

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 01 / 25 / 2019

FEC Identification Number C

Transaction ID : SB21B-27786

Amount of Each Disbursement this Period 711.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2134.18

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, , ,

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
0	1		3	1		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27786

Amount of Each Disbursement this Period

711.39

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
0	2		0	8		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27786

Amount of Each Disbursement this Period

711.40

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
0	2		1	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27786

Amount of Each Disbursement this Period

711.40

Memo Item

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

2134.19

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, , ,

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 M	/	D D D	/	Y Y Y Y Y
02		22		2019

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27786
Amount of Each Disbursement this Period
[REDACTED] 711.39

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 M	/	D D D	/	Y Y Y Y Y
02		28		2019

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27786
Amount of Each Disbursement this Period
[REDACTED] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

C. 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 M	/	D D D	/	Y Y Y Y Y
03		08		2019

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27786
Amount of Each Disbursement this Period
[REDACTED] 761.24

Memo Item

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

[REDACTED]	2233.87
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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. Piaro, Robert, , ,

Mailing Address 8444 County Road M

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-27787
Amount of Each Disbursement this Period

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

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-27787
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Piaro, Robert, , ,

Mailing Address 8444 County Road M

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-27787
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. 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
0	4		0	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

761.24

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
0	4		1	2		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

761.24

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
0	4		1	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

761.25

Memo Item

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

2283.73

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. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

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: 04 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period: 761.25

Memo Item

B. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

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: 05 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period: 761.24

Memo Item

C. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

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: 05 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period: 761.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2283.73

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, , ,

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
0	5		1	7		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period
[REDACTED] 761.24

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
0	5		2	4		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period
[REDACTED] 761.25

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
0	5		3	1		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period
[REDACTED] 761.24

Memo Item

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

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

2	2	8	3	7	3
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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. 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 M	/	D D D	/	Y Y Y Y Y
06	/	07	/	2019

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period
[REDACTED] 761.24

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 M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2019

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period
[REDACTED] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

C. 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 M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2019

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period
[REDACTED] 761.24

Memo Item

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

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

2283.72

[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

A. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2019

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period: 761.25

Memo Item

B. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
01 / 04 / 2019

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
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period: 237.15

Memo Item

C. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
01 / 11 / 2019

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
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B-27788
Amount of Each Disbursement this Period: 237.13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1235.53

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-27789
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-27789
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-27789
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-27789
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-27789
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-27789
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-27789
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-27789
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-27789
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-27790
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-27790
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-27790
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-27790
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-27790
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-27790
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

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27790
Amount of Each Disbursement this Period
 237.15

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

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27790
Amount of Each Disbursement this Period
 237.14

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 M / D D D / Y Y Y Y Y Y
05 / 17 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27790
Amount of Each Disbursement this Period
 237.15

Memo Item

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

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

711.44

**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)

Date of Disbursement: MM / DD / YYYY
05 / 24 / 2019

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
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B-27790
Amount of Each Disbursement this Period: 237.14

Memo Item

B. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2019

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
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B-27791
Amount of Each Disbursement this Period: 237.14

Memo Item

C. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
06 / 07 / 2019

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
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B-27791
Amount of Each Disbursement this Period: 237.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 711.43

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-27791
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-27791
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-27791
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. American Technology

Mailing Address 125 North 2nd St
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-27791
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
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-27791
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
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-27791
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. American Technology

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	9

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
9872.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	9

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
9829.76

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	9

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
5556.48

Candidate Name

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

Memo Item

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

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

25258.24

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
6619.84

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
4055.68

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
4958.40

Candidate Name

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

Memo Item

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

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

15633.92

**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

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
4096.32

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
2169.28

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
1966.88

Memo Item

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

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

8232.48

**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

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
2176.16

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27793
Amount of Each Disbursement this Period
3264.16

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2019

FEC Identification Number

C
Transaction ID : SB21B-2779:
Amount of Each Disbursement this Period
2838.88

Memo Item

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

8279.20

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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Mailing Address 125 North 2nd St
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27793
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27793
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27793
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. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2019

Mailing Address 125 North 2nd St
Unit 110 Box 241

FEC Identification Number

C

Transaction ID : SB21B-27793

Amount of Each Disbursement this Period

2649.44

Memo Item

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

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. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2019

Mailing Address 125 North 2nd St
Unit 110 Box 241

FEC Identification Number

C

Transaction ID : SB21B-27793

Amount of Each Disbursement this Period

3473.28

Memo Item

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

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. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2019

Mailing Address 125 North 2nd St
Unit 110 Box 241

FEC Identification Number

C

Transaction ID : SB21B-27793

Amount of Each Disbursement this Period

3444.16

Memo Item

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
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)..... ▶

9566.88

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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

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: 05 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27793

Amount of Each Disbursement this Period: 4640.64

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: 06 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27793

Amount of Each Disbursement this Period: 1923.20

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: 06 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27793

Amount of Each Disbursement this Period: 1542.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8106.40

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

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001

Category/
Type

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 Y
06 / 19 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

[REDACTED] 4594.24

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001

Category/
Type

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 Y
06 / 26 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

[REDACTED] 2163.84

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 03 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

[REDACTED] 84.00

Memo Item

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

[REDACTED] 6842.08

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

3	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

3	9	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	9	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

M M M	/	D D D	/	Y Y Y Y Y
03		04		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

30.00

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 Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

107.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

69.30

Memo Item

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

206.90

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
04 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27794
Amount of Each Disbursement this Period
30.00

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 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
05 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27795
Amount of Each Disbursement this Period
73.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27794
Amount of Each Disbursement this Period
30.00

Memo Item

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

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

133.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

[Redacted] 109.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

[Redacted] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

[Redacted] 787.50

Memo Item

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

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

[Redacted] 926.90

[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. 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
05 / 13 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

2964.38

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700

City Clayton

State MO

Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

607.18

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700

City Clayton

State MO

Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27795

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)..... ▶

3596.56

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27795

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27796

Amount of Each Disbursement this Period

70.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27796

Amount of Each Disbursement this Period

55.00

Memo Item

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

145.00

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

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-27796
Amount of Each Disbursement this Period

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

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-27796
Amount of Each Disbursement this Period

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

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-27796
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. 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
02 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27796

Amount of Each Disbursement this Period

55.00

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
02 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27796

Amount of Each Disbursement this Period

2983.47

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
02 / 11 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27796

Amount of Each Disbursement this Period

25.00

Memo Item

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

3063.47

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

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-27796
Amount of Each Disbursement this Period

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

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-27796
Amount of Each Disbursement this Period

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

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-27796
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. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

100.00

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
02 / 27 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

1056.56

Memo Item

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

1176.56

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2019

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

FEC Identification Number

C
Transaction ID : SB21B-27797
Amount of Each Disbursement this Period
20.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2019

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

FEC Identification Number

C
Transaction ID : SB21B-27797
Amount of Each Disbursement this Period
35.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2019

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

FEC Identification Number

C
Transaction ID : SB21B-27797
Amount of Each Disbursement this Period
35.00

Candidate Name

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

Memo Item

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	9

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

FEC Identification Number

C

Transaction ID : SB21B-27797
Amount of Each Disbursement this Period

250.00

Memo Item

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	9

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

FEC Identification Number

C

Transaction ID : SB21B-27797
Amount of Each Disbursement this Period

275.00

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	9

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

FEC Identification Number

C

Transaction ID : SB21B-27797
Amount of Each Disbursement this Period

502.72

Memo Item

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

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

1027.72

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
04 / 05 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

90.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

150.00

Memo Item

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

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

260.00

**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. 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
04 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

50.00

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
05 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

608.76

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
05 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

205.00

Memo Item

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

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

863.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2019

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C

Transaction ID : SB21B-27798
Amount of Each Disbursement this Period

60.00

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/ Type

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2019

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C

Transaction ID : SB21B-27798
Amount of Each Disbursement this Period

20.00

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/ Type

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2019

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C

Transaction ID : SB21B-27798
Amount of Each Disbursement this Period

215.00

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/ Type

Candidate Name

Memo Item

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

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

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

295.00

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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

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: 06 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period: 892.38

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: 06 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period: 55.00

Memo Item

C. Clearent LLC

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 997.38

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 Pmt Processing/ Verifications

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-27799
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27799
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 Pmt Processing/ Verifications

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-27799
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 Pmt Processing/ Verifications

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27799

Amount of Each Disbursement this Period

14011.84

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27799

Amount of Each Disbursement this Period

13951.89

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 Pmt Processing/ Verifications

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27799

Amount of Each Disbursement this Period

7886.73

Memo Item

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

35850.46

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 Pmt Processing/ Verifications

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-27799
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27799
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 Pmt Processing/ Verifications

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-27801
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 Pmt Processing/ Verifications

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-27800
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27800
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 Pmt Processing/ Verifications

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-27800
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 Pmt Processing/ Verifications

001
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 27 / 2019

FEC Identification Number
C
Transaction ID : SB21B-27800
Amount of Each Disbursement this Period
3088.79

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

001
Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
04 / 03 / 2019

FEC Identification Number
C
Transaction ID : SB21B-27800
Amount of Each Disbursement this Period
4633.07

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 Pmt 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
04 / 10 / 2019

FEC Identification Number
C
Transaction ID : SB21B-27800
Amount of Each Disbursement this Period
4029.44

Memo Item

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

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

11751.30

**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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27800
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27800
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 Pmt Processing/ Verifications

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-27800
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 Pmt Processing/ Verifications

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-27801
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27801
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 Pmt Processing/ Verifications

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-27801
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 Pmt 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
05 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27801
 Amount of Each Disbursement this Period
 6586.81

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

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27801
 Amount of Each Disbursement this Period
 2729.74

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 Pmt 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
06 / 12 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27801
 Amount of Each Disbursement this Period
 2189.47

Memo Item

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

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

11506.02

**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

/ /

FEC Identification Number

Transaction ID : SB21B-27801
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

/ /

FEC Identification Number

Transaction ID : SB21B-27801
Amount of Each Disbursement this Period

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 (Equipment/Programming/Support)

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-27801
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. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City
Spokane

State
WA

Zip Code
99218

Purpose of Disbursement
Computer (Equipment/Programming/Support)

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27801

Amount of Each Disbursement this Period

7	2	9	.	2	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City
Spokane

State
WA

Zip Code
99218

Purpose of Disbursement
Computer (Equipment/Programming/Support)

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27802

Amount of Each Disbursement this Period

2	0	1	.	9	2
---	---	---	---	---	---

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 (Equipment/Programming/Support)

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27803

Amount of Each Disbursement this Period

7	5	7	.	7	0
---	---	---	---	---	---

Memo Item

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

3	5	0	.	6	1	0
---	---	---	---	---	---	---

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

3	5	0	.	6	1	0
---	---	---	---	---	---	---

**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 (Equipment/Programming/Support)

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-27802
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer (Equipment/Programming/Support)

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-27802
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 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-27802
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. Department of Workforce Development

Full Name (Last, First, Middle Initial)

Mailing Address 6083 N Teutonia Avenue
PO Box 09999

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement State Unemployment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27802

Amount of Each Disbursement this Period: 655.75

Memo Item

B. EMC Insurance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 327

City Brookfield State WI Zip Code 53008-0327

Purpose of Disbursement Insurance (workmans comp)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27802

Amount of Each Disbursement this Period: 372.00

Memo Item

C. EWH Small Business Accounting S.C.

Full Name (Last, First, Middle Initial)

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186-1867

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27802

Amount of Each Disbursement this Period: 51.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1079.36

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
01		07		2019

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-27802
Amount of Each Disbursement this Period
864.30

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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
01		09		2019

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-27802
Amount of Each Disbursement this Period
51.61

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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
01		16		2019

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-27802
Amount of Each Disbursement this Period
51.61

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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

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

967.52

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2019

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-27803
Amount of Each Disbursement this Period

51.61

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2019

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-27803
Amount of Each Disbursement this Period

51.61

Memo Item

Candidate Name

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
02		05		2019

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-27803
Amount of Each Disbursement this Period

844.00

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

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

947.22

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
02		06		2019

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-27803

Amount of Each Disbursement this Period

51.61

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

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-27803

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
02		20		2019

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-27803

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)..... ▶

154.83

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)

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
02		27		2019

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-27803

Amount of Each Disbursement this Period

51.61

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2019

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-27803

Amount of Each Disbursement this Period

853.50

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2019

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-27803

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)..... ▶

956.72

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.

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27804
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27804
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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27804
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

M M M	/	D D D	/	Y Y Y Y Y
04		03		2019

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-27804

Amount of Each Disbursement this Period

51.61

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2019

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-27804

Amount of Each Disbursement this Period

865.60

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
04		10		2019

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-27804

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)..... ▶

968.82

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
04		17		2019

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-27804

Amount of Each Disbursement this Period

51.61

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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
04		24		2019

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-27804

Amount of Each Disbursement this Period

51.61

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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
05		01		2019

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-27804

Amount of Each Disbursement this Period

51.61

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

154.83

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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27804

Amount of Each Disbursement this Period

[REDACTED] 619.40

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27805

Amount of Each Disbursement this Period

[REDACTED] 51.61

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-2780!

Amount of Each Disbursement this Period

[REDACTED] 51.61

Memo Item

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

[REDACTED] 722.62

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. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27805

Amount of Each Disbursement this Period

5	1	.	6	1
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27805

Amount of Each Disbursement this Period

5	1	.	6	1
---	---	---	---	---

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-2780!

Amount of Each Disbursement this Period

4	7	.	9	2
---	---	---	---	---

Memo Item

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

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

5	8	2	.	4	2
---	---	---	---	---	---

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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. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2019

FEC Identification Number

C

Transaction ID : SB21B-27805

Amount of Each Disbursement this Period

51.61

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2019

FEC Identification Number

C

Transaction ID : SB21B-27805

Amount of Each Disbursement this Period

51.61

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2019

FEC Identification Number

C

Transaction ID : SB21B-2780!

Amount of Each Disbursement this Period

51.61

Memo Item

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. 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27805

Amount of Each Disbursement this Period

51.61

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City
Cincinnati

State
OH

Zip Code
45280-4521

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
0	1		0	3		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-24013

Amount of Each Disbursement this Period

566.23

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
0	1		0	4		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-2780!

Amount of Each Disbursement this Period

630.26

Memo Item

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

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

1248.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
01 / 11 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

630.34

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

MM / DD / YYYY
01 / 18 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

630.24

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

MM / DD / YYYY
01 / 25 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

630.30

Memo Item

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

1890.88

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27806
Amount of Each Disbursement this Period
1.37

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27806
Amount of Each Disbursement this Period
630.26

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27806
Amount of Each Disbursement this Period
630.32

Memo Item

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

1261.95

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. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

[REDACTED] 630.24

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

[REDACTED] 630.30

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

[REDACTED] 580.41

Memo Item

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

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

[REDACTED] 1840.95

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
03 / 13 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34709

Amount of Each Disbursement this Period

580.49

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

MM / DD / YYYY
03 / 20 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34709

Amount of Each Disbursement this Period

580.41

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

MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number

C

Transaction ID : SB21B-2780t

Amount of Each Disbursement this Period

580.39

Memo Item

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

1741.29

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

580.45

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

MM / DD / YYYY
04 / 05 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

580.45

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

MM / DD / YYYY
04 / 12 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

580.45

Memo Item

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

1741.35

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27807
Amount of Each Disbursement this Period
580.39

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Unemployment

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27807
Amount of Each Disbursement this Period
86.97

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

MM / DD / YYYY
05 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27807
Amount of Each Disbursement this Period
580.47

Memo Item

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

1247.83

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)

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27807
Amount of Each Disbursement this Period
580.41

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27807
Amount of Each Disbursement this Period
580.45

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27807
Amount of Each Disbursement this Period
580.41

Memo Item

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

1741.27

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

580.43

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

580.41

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

580.45

Memo Item

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

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

1741.29

**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 M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

[REDACTED] 580.45

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 M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34753

Amount of Each Disbursement this Period

[REDACTED] 580.45

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/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 M	/	D D D	/	Y Y Y Y Y
01	/	02	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

[REDACTED] 24.95

Memo Item

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

[REDACTED] 1185.85

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. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

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
0	1		0	2		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/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
0	1		0	2		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

187.90

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/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
0	1		3	1		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

95.95

Memo Item

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

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

315.35

**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		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-27808 Amount of Each Disbursement this Period [REDACTED] 24.95
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		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	

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-27809 Amount of Each Disbursement this Period [REDACTED] 31.50
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		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	

Full Name (Last, First, Middle Initial) C. PNC Bank		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-27808 Amount of Each Disbursement this Period [REDACTED] 58.90
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 115.35
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. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

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
0	2		2	8		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27809

Amount of Each Disbursement this Period

157.94

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/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
0	3		0	4		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27809

Amount of Each Disbursement this Period

24.95

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/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
0	3		0	4		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27809

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)..... ▶

214.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/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
0	3		0	4		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27809

Amount of Each Disbursement this Period

5	8	.	9	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/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
0	3		2	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

2	0	0	.	3	4
---	---	---	---	---	---

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/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
0	4		0	1		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

5	8	.	9	0
---	---	---	---	---

Memo Item

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

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

3	1	8	.	1	4
---	---	---	---	---	---

5	8	.	9	0
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27810
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
15230-9738

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

MM / DD / YYYY
04 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27810
Amount of Each Disbursement this Period
31.50

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27811
Amount of Each Disbursement this Period
144.13

Memo Item

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

200.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/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
0	5		0	2		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27810

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
15230-9738

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
0	5		0	2		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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
0	5		0	2		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

58.90

Memo Item

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

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

115.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
credit card interest

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27782

Amount of Each Disbursement this Period

[REDACTED] 9.43

(Credit Card Purchase)

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 late fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27782

Amount of Each Disbursement this Period

[REDACTED] 39.00

(Credit Card Purchase)

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/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
0	5		3	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

[REDACTED] 121.79

Memo Item

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

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

[REDACTED] 121.79

[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. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

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 M	/	D D D	/	Y Y Y Y Y
06		03		2019

FEC Identification Number

C

Transaction ID : SB21B-27811

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
15230-9738

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 M	/	D D D	/	Y Y Y Y Y
06		03		2019

FEC Identification Number

C

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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 M	/	D D D	/	Y Y Y Y Y
06		03		2019

FEC Identification Number

C

Transaction ID : SB21B-34721

Amount of Each Disbursement this Period

58.90

Memo Item

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

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

115.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
credit card interest

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27783

Amount of Each Disbursement this Period

[REDACTED] 9.96

(Credit Card Purchase)

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 care late fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27783

Amount of Each Disbursement this Period

[REDACTED] 39.00

(Credit Card Purchase)

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/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
0	6		2	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

[REDACTED] 141.99

Memo Item

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

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

[REDACTED] 141.99

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee

State WI

Zip Code 53224

Purpose of Disbursement Rent

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 / 23 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27812

Amount of Each Disbursement this Period

59.00

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

MM / DD / YYYY
01 / 23 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27812

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

MM / DD / YYYY
02 / 22 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27812

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)..... ▶

187.00

**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. 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

MM / DD / YYYY
02 / 22 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27812

Amount of Each Disbursement this Period

69.00

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

MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27812

Amount of Each Disbursement this Period

59.00

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

MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27812

Amount of Each Disbursement this Period

69.00

Memo Item

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

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

197.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. Regus Management Full Name (Last, First, Middle Initial) Mailing Address 11414 W Park Place City Milwaukee State WI Zip Code 53224 Purpose of Disbursement Rent 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) ▼			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 24 / 2019 FEC Identification Number C Transaction ID : SB21B-27812 Amount of Each Disbursement this Period 59.00 <input type="checkbox"/> Memo Item
B. Regus Management Full Name (Last, First, Middle Initial) Mailing Address 11414 W Park Place City Milwaukee State WI Zip Code 53224 Purpose of Disbursement Rent 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) ▼			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 24 / 2019 FEC Identification Number C Transaction ID : SB21B-27812 Amount of Each Disbursement this Period 69.00 <input type="checkbox"/> Memo Item
C. Regus Management Full Name (Last, First, Middle Initial) Mailing Address 11414 W Park Place City Milwaukee State WI Zip Code 53224 Purpose of Disbursement Rent 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) ▼			Date of Disbursement M M / D D / Y Y Y Y Y Y 05 / 23 / 2019 FEC Identification Number C Transaction ID : SB21B-27812 Amount of Each Disbursement this Period 59.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ▶			187.00
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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27813
Amount of Each Disbursement this Period
69.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27813
Amount of Each Disbursement this Period
59.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27813
Amount of Each Disbursement this Period
69.00

Memo Item

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

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

197.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Unified Data Service

Full Name (Last, First, Middle Initial)

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-27813
Amount of Each Disbursement this Period

Memo Item

B. Unified Data Service

Full Name (Last, First, Middle Initial)

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-27813
Amount of Each Disbursement this Period

Memo Item

C. Unified Data Service

Full Name (Last, First, Middle Initial)

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-27813
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27813
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27813
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27813
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27813
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27814
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27815
 Amount of Each Disbursement this Period
 1279.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27815
 Amount of Each Disbursement this Period
 1680.90

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B-27815
 Amount of Each Disbursement this Period
 1665.30

Memo Item

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

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

4625.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27815
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27815
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27815
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27815
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-27815
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 470 L'Enfant Plaza SW
Ste 604

City Washington State DC Zip Code 20260

Purpose of Disbursement
PO Box rentals

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-2778:
Amount of Each Disbursement this Period

(Credit Card Purchase)

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. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
State Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27815

Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
State Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27816

Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
State Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27816

Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

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

[REDACTED] 244.02

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. Wisconsin Department of Revenue

Mailing Address PO Box 930208

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			25			2019			

FEC Identification Number

C []
Transaction ID : SB21B-27816
Amount of Each Disbursement this Period
[] 81.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Mailing Address PO Box 930208

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			01			2019			

FEC Identification Number

C []
Transaction ID : SB21B-27816
Amount of Each Disbursement this Period
[] 81.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			08			2019			

FEC Identification Number

C []
Transaction ID : SB21B-27816
Amount of Each Disbursement this Period
[] 81.34

Memo Item

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

244.02

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. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-27816
Amount of Each Disbursement this Period

[] 81.34

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
0	2		2	2		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-27816
Amount of Each Disbursement this Period

[] 81.34

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
0	3		0	1		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-27816
Amount of Each Disbursement this Period

[] 81.34

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)..... ▶

[] 244.02

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
03	/	08	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34708
Amount of Each Disbursement this Period

[] 81.34

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 M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34709
Amount of Each Disbursement this Period

[] 81.34

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 M	/	D D D	/	Y Y Y Y Y
03	/	22	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-27811
Amount of Each Disbursement this Period

[] 81.34

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)..... ▶

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

[] 244.02

[]

**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
0	3		2	9		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-27816
Amount of Each Disbursement this Period

[] 81.34

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
0	4		0	5		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

[] 81.34

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
0	4		1	2		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

[] 81.34

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)..... ▶

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

[] 244.02

[]

**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

Mailing Address PO Box 930208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
State Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27817

Amount of Each Disbursement this Period

81.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
State Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27817

Amount of Each Disbursement this Period

81.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
State Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27817

Amount of Each Disbursement this Period

81.34

Memo Item

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

244.02

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
05		10		2019

Mailing Address PO Box 930208

FEC Identification Number

C

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

81.34

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 M	/	D D D	/	Y Y Y Y Y
05		17		2019

Mailing Address PO Box 930208

FEC Identification Number

C

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

81.34

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 M	/	D D D	/	Y Y Y Y Y
05		24		2019

Mailing Address PO Box 930208

FEC Identification Number

C

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

81.34

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)..... ▶

244.02

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. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

[REDACTED] 81.34

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

[REDACTED] 81.34

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27817
Amount of Each Disbursement this Period

[REDACTED] 81.34

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

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[REDACTED] 244.02

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. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

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-27818
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

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-27818
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 141 OF 141
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC Bank			Nature of Debt (Purpose): Credit Card for Various business expenses
Mailing Address PO Box 609			
City Pittsburgh	State PA	Zip Code 15230	

Outstanding Balance Beginning This Period		Transaction ID : SD-S9765	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
609.39	0.00	609.39	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	609.39
2) TOTALS This Period (last page this line number only)..... ▶	609.39
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	609.39