

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
AMERICANS FOR THE CURE OF BREAST CANCER

ADDRESS (number and street) **8444 COUNTY RD M**
Check if different than previously reported. (ACC) **FREDONIA WI 53021**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00660233 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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.
Type or Print Name of Treasurer **PIARO, ROBERT, , ,**

Signature of Treasurer **PIARO, ROBERT, , ,** [Electronically Filed] Date / / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="84502.80"/>	<input type="text" value="84502.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="84502.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="327386.20"/>	<input type="text" value="327386.20"/>
(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="411889.00"/>	<input type="text" value="411889.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="364118.07"/>	<input type="text" value="364118.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47770.93"/>	<input type="text" value="47770.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10190.00	10190.00
(ii) Unitemized	317196.20	317196.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	327386.20	327386.20
(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)	327386.20	327386.20
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)).....▶	327386.20	327386.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	327386.20	327386.20

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	364118.07	364118.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	364118.07	364118.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	364118.07	364118.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	364118.07	364118.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	327386.20	327386.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	327386.20	327386.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	364118.07	364118.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	364118.07	364118.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 123
	<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	

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

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

A. AVERY, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 FAWN MDWS
 APT 125
 City SAN ANTONIO State TX Zip Code 78240
 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
 03 / 18 / 2019
Transaction ID : SA11AI-16574659
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. AZINGER, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 RABBIT RUN
 City EASTHAM State MA Zip Code 02642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2019
Transaction ID : SA11AI-16574919
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. BAIER, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 932 CHARLTON ST
 City SAINT PAUL State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOLDIER TRUCKING Occupation (for Individual) TRUCK DRIVER
 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
 02 / 05 / 2019
Transaction ID : SA11AI-16570689
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1010.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 123
	<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	<input type="checkbox"/> 17

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

A. BAILEY, SHELLIE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 BRADFORD PL
 City JACKSON State MS Zip Code 39218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 17 / 2019
Transaction ID : SA11AI-16579599
 Amount of Each Receipt this Period 200.00
 Memo Item

B. BOBBITT, TYLER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3437 W 7TH ST # 109
 City FORT WORTH State TX Zip Code 76107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 01 / 2019
Transaction ID : SA11AI-16570143
 Amount of Each Receipt this Period 100.00
 Memo Item

C. BOBBITT, TYLER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3437 W 7TH ST # 109
 City FORT WORTH State TX Zip Code 76107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 04 / 2019
Transaction ID : SA11AI-16573625
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 123
<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. BRINNING, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4255 GULF SHORE BLVD N
 APT 804
 City NAPLES State FL Zip Code 34103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2019
Transaction ID : SA11AI-16578775
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BRINNING, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4255 GULF SHORE BLVD N
 APT 804
 City NAPLES State FL Zip Code 34103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : SA11AI-16578807
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BROTZ, ROMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 RIDGEWOOD LN
 City SHEBOYGAN State WI Zip Code 53081
 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
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2019
Transaction ID : SA11AI-16575682
 Amount of Each Receipt this Period
 500.00
 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 9 OF 123
<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. BRUNSON, GWENDOLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 MEETINGHOUSE RDG
 City MERIDEN State CT Zip Code 06450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) UNEMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2019
Transaction ID : SA11AI-16575824
 Amount of Each Receipt this Period 500.00
 Memo Item

B. BUDREAU, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 LOOMIS ST
 City WESTFIELD State MA Zip Code 01085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 08 / 2019
Transaction ID : SA11AI-16573858
 Amount of Each Receipt this Period 200.00
 Memo Item

C. CARMONA-GALLEGO, MARY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 CLAIRMONT RD NE APT H
 City ATLANTA State GA Zip Code 30329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 09 / 2019
Transaction ID : SA11AI-16570848
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 123
	<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. CARTER, RUBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 SISSON AVE
 APT A12
 City HARTFORD State CT Zip Code 06105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2019
Transaction ID : SA11AI-16573301
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. CHAMBERLAIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 BRADBURY CIR
 City JORDAN State MN Zip Code 55352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JORDAN Occupation (for Individual) DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2019
Transaction ID : SA11AI-16570408
 Amount of Each Receipt this Period
 120.00
 Memo Item

C. CHAMBERLAIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 BRADBURY CIR
 City JORDAN State MN Zip Code 55352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JORDAN Occupation (for Individual) DESIGN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2019
Transaction ID : SA11AI-16579333
 Amount of Each Receipt this Period
 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	430.00
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 123
	<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. CHRISTENSEN, JEFF, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 98

City COLLBRAN	State CO	Zip Code 81624
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLINT ENERGY	Occupation (for Individual) BEST EFFORTS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2019

Transaction ID : SA11AI-16579331

Amount of Each Receipt this Period
210.00

Memo Item

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

Mailing Address 123 BALDPATE RD

City BLOOMINGDALE	State GA	Zip Code 31302
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PRUITT HEALTHCARE	Occupation (for Individual) LPN
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	26	/	2019

Transaction ID : SA11AI-16572750

Amount of Each Receipt this Period
200.00

Memo Item

C. FALGOUT, DAN J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 439

City MATHEWS	State LA	Zip Code 70375
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

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

Transaction ID : SA11AI-16575993

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	610.00
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 123
<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. HANSEN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7282 FM 521

City PALACIOS	State TX	Zip Code 77465
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2019
Transaction ID : SA11AI-16575938

Amount of Each Receipt this Period
 200.00

Memo Item

B. HARRIS, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1655

City INDIANOLA	State MS	Zip Code 38751
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2019
Transaction ID : SA11AI-16574805

Amount of Each Receipt this Period
 100.00

Memo Item

C. HARRIS, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1655

City INDIANOLA	State MS	Zip Code 38751
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2019
Transaction ID : SA11AI-16576288

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 123
	<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. HENDERSON, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 ELLIOTT AVE
 City SAINT LOUIS State MO Zip Code 63135
 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
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2019
Transaction ID : SA11AI-16576605
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. HENDERSON, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 ELLIOTT AVE
 City SAINT LOUIS State MO Zip Code 63135
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2019
Transaction ID : SA11AI-16577594
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2019
Transaction ID : SA11AI-16575980
 Amount of Each Receipt this Period
 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
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 123
	<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. MAKOVEC, KENN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1146
 City STUTTGART State AR Zip Code 72160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **01 / 21 / 2019**
Transaction ID : SA11AI-16569977
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MALONEY, ROSEMARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8127 SEDGEWICK CT # C27
 City WEST PALM BEACH State FL Zip Code 33406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **02 / 13 / 2019**
Transaction ID : SA11AI-16571651
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MALONEY, ROSEMARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8127 SEDGEWICK CT # C27
 City WEST PALM BEACH State FL Zip Code 33406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **06 / 14 / 2019**
Transaction ID : SA11AI-16579549
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 123
<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. MEDIARE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1072 KIRKWALL DR
 City COPLEY State OH Zip Code 44321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **02 / 22 / 2019**
Transaction ID : SA11AI-16572370
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MENDEZ, SHARYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12301 WILSHIRE BLVD STE 550
 City LOS ANGELES State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **06 / 18 / 2019**
Transaction ID : SA11AI-16579721
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MOORE, JULIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 EMS T-34-C LN
 City LEESBURG State IN Zip Code 46538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FEDERAL SAVINGS BANK Occupation (for Individual) OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **05 / 13 / 2019**
Transaction ID : SA11AI-16577938
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 123
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MOORE, JULIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 EMS T-34-C LN
 City LEESBURG State IN Zip Code 46538
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) FEDERAL SAVINGS BANK Occupation (for Individual) OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 28 / 2019
Transaction ID : SA11AI-16578650
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MORROCCO, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 MCCALLISTER AVE
 City SUN CITY CENTER State FL Zip Code 33573
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 04 / 2019
Transaction ID : SA11AI-16570429
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MORROCCO, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 MCCALLISTER AVE
 City SUN CITY CENTER State FL Zip Code 33573
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 11 / 2019
Transaction ID : SA11AI-16571330
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 123
	<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	<input type="checkbox"/> 17

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

A. MOSES, CATHY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 798 SW MAIN BLVD
 City LAKE CITY State FL Zip Code 32025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) UNEMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 24 / 2019
Transaction ID : SA11AI-16570098
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MUENKS, KATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 MORNING DOVE DR
 City COLUMBIA State MO Zip Code 65201
 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 03 / 02 / 2019
Transaction ID : SA11AI-16572953
 Amount of Each Receipt this Period 250.00
 Memo Item

C. NETTLES, EDDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 HILL CREEK DR
 City GARLAND State TX Zip Code 75043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCS MEDICAL Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 12 / 2019
Transaction ID : SA11AI-16571530
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 123
<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. NOWELL, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 TOWN BRANCH TER SW
 City LEESBURG State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PSYCHOLOGIST
 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
 04 / 04 / 2019
Transaction ID : SA11AI-16575996
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. PATTON, RICK L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3925 MISTY POND WAY
 City ZEBULON State NC Zip Code 27597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : SA11AI-16575442
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. REYES, OSCAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 GLEN LOCH DR
 City IRVING State TX Zip Code 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2019
Transaction ID : SA11AI-16575474
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 123
	<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	<input type="checkbox"/> 17

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

A. RUSS, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 N 22ND AVE E
 City DULUTH State MN Zip Code 55812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2019
Transaction ID : SA11AI-16574398
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. RUSSEL, STEPHANIE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 50187
 City PARKS State AZ Zip Code 86018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) UNEMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2019
Transaction ID : SA11AI-16570288
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. SPEIGERWALD, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CHANTER CT
 City DURHAM State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2019
Transaction ID : SA11AI-16575844
 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 20 OF 123
	<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. STRANGE, KEVIN X, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1790 WESTMOORLAND LN
 City CUMMING State GA Zip Code 30041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VERANT SYSTEMS Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 05 / 2019**
Transaction ID : SA11AI-16570702
 Amount of Each Receipt this Period 300.00
 Memo Item

B. STRANGE, KEVIN X, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1790 WESTMOORLAND LN
 City CUMMING State GA Zip Code 30041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VERANT SYSTEMS Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **06 / 07 / 2019**
Transaction ID : SA11AI-16579033
 Amount of Each Receipt this Period 100.00
 Memo Item

C. SULLIVAN, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 RIDGELINE DR
 City RALEIGH State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **04 / 25 / 2019**
Transaction ID : SA11AI-16577159
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 123
	<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. SULLIVAN, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 RIDGELINE DR
 City RALEIGH State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 16 / 2019
Transaction ID : SA11AI-16578189
 Amount of Each Receipt this Period 100.00
 Memo Item

B. TAMARGO, JAMES W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 GORDON CT
 City NEW LONDON State CT Zip Code 06320
 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 03 / 22 / 2019
Transaction ID : SA11AI-16574948
 Amount of Each Receipt this Period 300.00
 Memo Item

C. THERRIEN, STACEY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 PINWHEEL CT
 City STEPHENSON State VA Zip Code 22656
 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 ▼ 205.00

Date of Receipt 04 / 08 / 2019
Transaction ID : SA11AI-16576181
 Amount of Each Receipt this Period 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	605.00
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 123
	<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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. TRUMBULL, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 E ALAMEDA ST
 APT 111
 City SANTA FE State NM Zip Code 87501
 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 02 / 02 / 2019
Transaction ID : SA11AI-16570179
 Amount of Each Receipt this Period 500.00
 Memo Item

B. WILLIAMS, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 E 5TH ST
 City FORT STOCKTON State TX Zip Code 79735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 05 / 2019
Transaction ID : SA11AI-16570684
 Amount of Each Receipt this Period 300.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	10190.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26625 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		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) ▼		<input type="checkbox"/> Memo Item
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		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26626 Amount of Each Disbursement this Period [REDACTED] 254.75	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		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) ▼		<input type="checkbox"/> Memo Item
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		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26627 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		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) ▼		<input type="checkbox"/> Memo Item
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 01 / 25 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26628 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 02 / 01 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26629 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26631 Amount of Each Disbursement this Period [REDACTED] 254.75	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

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

[REDACTED] 764.28
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26631 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 02 / 22 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26633 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 03 / 01 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26634 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 764.30
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

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	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B-26635
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 254.75
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

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	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B-26636
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 254.77
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

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	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B-26637
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 254.77
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> 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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26639 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		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) ▼		<input type="checkbox"/> Memo Item
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		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26640 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		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) ▼		<input type="checkbox"/> Memo Item
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		FEC Identification Number C [REDACTED] Transaction ID : SB21B-2664; Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		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) ▼		<input type="checkbox"/> Memo Item
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 04 / 19 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26643 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll			
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 / 26 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26644 Amount of Each Disbursement this Period [REDACTED] 254.75	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll			
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 05 / 03 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26644 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll			
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 05 / 10 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26647 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26648 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26649 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		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) ▼		<input type="checkbox"/> Memo Item
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26650 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26651 Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 06 / 14 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26651 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 06 / 21 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26653 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26654 Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-2662! Amount of Each Disbursement this Period [REDACTED] 711.39	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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)
AMERICANS FOR THE CURE OF BREAST CANCER

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-26626

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-26627

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-26628

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)
AMERICANS FOR THE CURE OF BREAST CANCER

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: 02 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26629

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: 02 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26631

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: 02 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26631

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 02 / 22 / 2019	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021		
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name			FEC Identification Number <input type="text" value="C"/> Transaction ID : SB21B-26633 Amount of Each Disbursement this Period <input type="text" value="711.39"/>	
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. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 03 / 01 / 2019	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021		
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name			FEC Identification Number <input type="text" value="C"/> Transaction ID : SB21B-26634 Amount of Each Disbursement this Period <input type="text" value="761.24"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 03 / 08 / 2019	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021		
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name			FEC Identification Number <input type="text" value="C"/> Transaction ID : SB21B-2663! Amount of Each Disbursement this Period <input type="text" value="761.24"/>	
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)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26636 Amount of Each Disbursement this Period [REDACTED] 761.24	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 03 / 22 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26638 Amount of Each Disbursement this Period [REDACTED] 761.25	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26638 Amount of Each Disbursement this Period [REDACTED] 761.24	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2283.73
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)
AMERICANS FOR THE CURE OF BREAST CANCER

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 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26640

Amount of Each Disbursement this Period: 761.24

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: 04 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26642

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: 04 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-2664:

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)
AMERICANS FOR THE CURE OF BREAST CANCER

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-26644

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-26646

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-26647

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26648	
City Fredonia	State WI	Zip Code 53021	Amount of Each Disbursement this Period [REDACTED] 761.24
Purpose of Disbursement payroll		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26649	
City Fredonia	State WI	Zip Code 53021	Amount of Each Disbursement this Period [REDACTED] 761.25
Purpose of Disbursement payroll		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26651	
City Fredonia	State WI	Zip Code 53021	Amount of Each Disbursement this Period [REDACTED] 761.24
Purpose of Disbursement payroll		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2283.73
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll			Transaction ID : SB21B-26651	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 761.24	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 06 / 14 / 2019	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll			Transaction ID : SB21B-26652	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 761.24	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 06 / 21 / 2019	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll			Transaction ID : SB21B-26654	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 761.24	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

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

2283.72

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Piaro, Robert, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26654 Amount of Each Disbursement this Period [REDACTED] 761.25	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 01 / 04 / 2019	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26625 Amount of Each Disbursement this Period [REDACTED] 237.15	
City Random Lake	State WI	Zip Code 53075	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 01 / 11 / 2019	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] Transaction ID : SB21B-2662t Amount of Each Disbursement this Period [REDACTED] 237.13	
City Random Lake	State WI	Zip Code 53075	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1235.53
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 01 / 18 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26627 Amount of Each Disbursement this Period [REDACTED] 237.15
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 01 / 25 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26628 Amount of Each Disbursement this Period [REDACTED] 237.14
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 02 / 01 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26628 Amount of Each Disbursement this Period [REDACTED] 237.15
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 711.44
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)
AMERICANS FOR THE CURE OF BREAST CANCER

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
02		08		2019

FEC Identification Number

C
Transaction ID : SB21B-26631
Amount of Each Disbursement this Period
237.13

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
02		15		2019

FEC Identification Number

C
Transaction ID : SB21B-26632
Amount of Each Disbursement this Period
237.15

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
02		22		2019

FEC Identification Number

C
Transaction ID : SB21B-26633
Amount of Each Disbursement this Period
237.14

Memo Item

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

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

711.42

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 03 / 01 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C Transaction ID : SB21B-26634 Amount of Each Disbursement this Period 237.15
City Random Lake	State WI	
Purpose of Disbursement payroll	Zip Code 53075	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
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. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C Transaction ID : SB21B-26635 Amount of Each Disbursement this Period 237.13
City Random Lake	State WI	
Purpose of Disbursement payroll	Zip Code 53075	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
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. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C Transaction ID : SB21B-26637 Amount of Each Disbursement this Period 237.15
City Random Lake	State WI	
Purpose of Disbursement payroll	Zip Code 53075	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
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)..... ▶

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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26638

Amount of Each Disbursement this Period: 237.15

Memo Item

B. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26639

Amount of Each Disbursement this Period: 237.14

Memo Item

C. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26641

Amount of Each Disbursement this Period: 237.14

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 04 / 12 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [] Transaction ID : SB21B-26642
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll		Amount of Each Disbursement this Period [] 237.14
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 04 / 19 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [] Transaction ID : SB21B-26643
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll		Amount of Each Disbursement this Period [] 237.15
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 04 / 26 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [] Transaction ID : SB21B-26644
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll		Amount of Each Disbursement this Period [] 237.13
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 711.42
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

05 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26646
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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

05 / 10 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26647
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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

05 / 17 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26648
Amount of Each Disbursement this Period
237.15

Memo Item

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

711.44

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 24 / 2019

FEC Identification Number C

Transaction ID : SB21B-26649

Amount of Each Disbursement this Period 237.14

Memo Item

B. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 31 / 2019

FEC Identification Number C

Transaction ID : SB21B-26650

Amount of Each Disbursement this Period 237.14

Memo Item

C. Stetler, Melissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 07 / 2019

FEC Identification Number C

Transaction ID : SB21B-26651

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)..... ▶

711.43

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 06 / 14 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C Transaction ID : SB21B-26652 Amount of Each Disbursement this Period 237.14
City Random Lake	State WI	
Zip Code 53075		Memo Item <input type="checkbox"/>
Purpose of Disbursement payroll	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 06 / 21 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C Transaction ID : SB21B-26654 Amount of Each Disbursement this Period 237.14
City Random Lake	State WI	
Zip Code 53075		Memo Item <input type="checkbox"/>
Purpose of Disbursement payroll	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Stetler, Melissa, , ,		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C Transaction ID : SB21B-26654 Amount of Each Disbursement this Period 237.14
City Random Lake	State WI	
Zip Code 53075		Memo Item <input type="checkbox"/>
Purpose of Disbursement payroll	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

711.42

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 01 / 02 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26624 Amount of Each Disbursement this Period 3195.36	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology LLC			Date of Disbursement MM / DD / YYYY 01 / 09 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26625 Amount of Each Disbursement this Period 1777.28	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology LLC			Date of Disbursement MM / DD / YYYY 01 / 16 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26626 Amount of Each Disbursement this Period 2648.96	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

7621.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 01 / 23 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26627	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 1407.68	
Purpose of Disbursement Software/Software Licensing Payment		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. American Technology LLC			Date of Disbursement MM / DD / YYYY 01 / 30 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26628	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 732.64	
Purpose of Disbursement Software/Software Licensing Payment		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. American Technology LLC			Date of Disbursement MM / DD / YYYY 02 / 06 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26631	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 2351.20	
Purpose of Disbursement Software/Software Licensing Payment		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)..... ▶

4491.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 02 / 13 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26631 Amount of Each Disbursement this Period 6496.16	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology LLC			Date of Disbursement MM / DD / YYYY 02 / 20 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26632 Amount of Each Disbursement this Period 10094.72	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology LLC			Date of Disbursement MM / DD / YYYY 02 / 27 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26633 Amount of Each Disbursement this Period 3277.44	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	19868.32
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 03 / 06 / 2019	
Mailing Address 121 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26634 Amount of Each Disbursement this Period 10305.60	
City Phoenix	State AZ	Zip Code 85246	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. American Technology LLC			Date of Disbursement MM / DD / YYYY 03 / 13 / 2019	
Mailing Address 122 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26636 Amount of Each Disbursement this Period 6279.52	
City Phoenix	State AZ	Zip Code 85247	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. American Technology LLC			Date of Disbursement MM / DD / YYYY 03 / 20 / 2019	
Mailing Address 123 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26637 Amount of Each Disbursement this Period 4594.72	
City Phoenix	State AZ	Zip Code 85248	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	21179.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 03 / 27 / 2019	
Mailing Address 124 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26638	
City Phoenix	State AZ	Zip Code 85249	Amount of Each Disbursement this Period [REDACTED] 4107.84	
Purpose of Disbursement Software/Software Licensing Payment		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. American Technology LLC			Date of Disbursement MM / DD / YYYY 04 / 03 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26640	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 4833.76	
Purpose of Disbursement Software/Software Licensing Payment		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. American Technology LLC			Date of Disbursement MM / DD / YYYY 04 / 10 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26641	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 5139.20	
Purpose of Disbursement Software/Software Licensing Payment		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)..... ▶

14080.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. American Technology LLC

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: 04 / 17 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26642

Amount of Each Disbursement this Period: 4836.00

Memo Item

B. American Technology LLC

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: 04 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26643

Amount of Each Disbursement this Period: 2839.52

Memo Item

C. American Technology LLC

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 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26644

Amount of Each Disbursement this Period: 3746.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11422.40

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 05 / 08 / 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			Category/Type 001		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
Full Name (Last, First, Middle Initial) B. American Technology LLC			Date of Disbursement MM / DD / YYYY 05 / 15 / 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			Category/Type 001		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
Full Name (Last, First, Middle Initial) C. American Technology LLC			Date of Disbursement MM / DD / YYYY 05 / 22 / 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			Category/Type 001		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			7943.04		
TOTAL This Period (last page this line number only)..... ▶			[Empty Box]		

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 05 / 29 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26649	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 2852.48	
Purpose of Disbursement Software/Software Licensing Payment		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. American Technology LLC			Date of Disbursement MM / DD / YYYY 06 / 05 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26650	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 613.28	
Purpose of Disbursement Software/Software Licensing Payment		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. American Technology LLC			Date of Disbursement MM / DD / YYYY 06 / 12 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26651	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 2720.96	
Purpose of Disbursement Software/Software Licensing Payment		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)..... ▶

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

[REDACTED] 6186.72
[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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial)

A. American Technology LLC

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

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

FEC Identification Number

C
Transaction ID : SB21B-26653
Amount of Each Disbursement this Period
4406.40

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-26625
Amount of Each Disbursement this Period
44.89

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 Y
02 / 04 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26631
Amount of Each Disbursement this Period
40.55

Memo Item

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

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

4491.84

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Authnet Gateway			Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address PO Box 899			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26634	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [REDACTED] 183.42	
Purpose of Disbursement Credit Card Fee/Merchant Fee		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. Authnet Gateway			Date of Disbursement MM / DD / YYYY 04 / 02 / 2019	
Mailing Address PO Box 899			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26639	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [REDACTED] 72.33	
Purpose of Disbursement Credit Card Fee/Merchant Fee		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. Authnet Gateway			Date of Disbursement MM / DD / YYYY 05 / 02 / 2019	
Mailing Address PO Box 899			FEC Identification Number C [REDACTED] Transaction ID : SB21B-2664!	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [REDACTED] 62.11	
Purpose of Disbursement Credit Card Fee/Merchant Fee		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).....▶	[REDACTED] 317.86
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26650
Amount of Each Disbursement this Period
45.31

Memo Item

Full Name (Last, First, Middle Initial)

B. Blankrome

Mailing Address 1 Logan Square

City Philadelphia State PA Zip Code 19103

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
04 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26642
Amount of Each Disbursement this Period
787.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Blankrome

Mailing Address 1 Logan Square

City Philadelphia State PA Zip Code 19103

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-26641
Amount of Each Disbursement this Period
2964.38

Memo Item

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

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

3797.19

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Blankrome

Full Name (Last, First, Middle Initial)

Mailing Address 1 Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Legal

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 17 / 2019

FEC Identification Number: C

Transaction ID : **SB21B-26652**

Amount of Each Disbursement this Period: 16579.50

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 02 / 2019

FEC Identification Number: C

Transaction ID : **SB21B-26624**

Amount of Each Disbursement this Period: 4535.41

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 09 / 2019

FEC Identification Number: C

Transaction ID : **SB21B-2662!**

Amount of Each Disbursement this Period: 2522.63

Memo Item

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

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

23637.54

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants		Date of Disbursement MM / DD / YYYY 01 / 16 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26626 Amount of Each Disbursement this Period [REDACTED] 3759.87	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Compliance Consultants		Date of Disbursement MM / DD / YYYY 01 / 23 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26628 Amount of Each Disbursement this Period [REDACTED] 1998.03	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 01 / 30 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26628 Amount of Each Disbursement this Period [REDACTED] 1039.89	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 6797.79	
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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26630

Amount of Each Disbursement this Period: 3337.23

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26631

Amount of Each Disbursement this Period: 9220.49

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26632

Amount of Each Disbursement this Period: 14327.97

Memo Item

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

26885.69

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants		Date of Disbursement MM / DD / YYYY 02 / 27 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26633 Amount of Each Disbursement this Period [REDACTED] 4651.92	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Compliance Consultants		Date of Disbursement MM / DD / YYYY 03 / 06 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26634 Amount of Each Disbursement this Period [REDACTED] 14627.51	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26634 Amount of Each Disbursement this Period [REDACTED] 8912.77	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
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) ▼		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 28192.20	
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Compliance Consultants		Date of Disbursement MM / DD / YYYY 03 / 20 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26637 Amount of Each Disbursement this Period [REDACTED] 6520.27	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Compliance Consultants		Date of Disbursement MM / DD / YYYY 03 / 27 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26638 Amount of Each Disbursement this Period [REDACTED] 5830.57	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 04 / 03 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26644 Amount of Each Disbursement this Period [REDACTED] 6860.69	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
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) ▼		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 19211.53	
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Compliance Consultants			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 10 / 2019		
Mailing Address 1345 N Jefferson St #454			FEC Identification Number C [] Transaction ID : SB21B-26641 Amount of Each Disbursement this Period [] 7294.45		
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name (Last, First, Middle Initial) B. Compliance Consultants			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 17 / 2019		
Mailing Address 1345 N Jefferson St #454			FEC Identification Number C [] Transaction ID : SB21B-26642 Amount of Each Disbursement this Period [] 6864.10		
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. Compliance Consultants			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 24 / 2019		
Mailing Address 1345 N Jefferson St #454			FEC Identification Number C [] Transaction ID : SB21B-26643 Amount of Each Disbursement this Period [] 4030.34		
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001		Memo Item <input type="checkbox"/>		
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) ▼				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 18188.89		
TOTAL This Period (last page this line number only)..... ▶			[]		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26645

Amount of Each Disbursement this Period: 5318.00

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26646

Amount of Each Disbursement this Period: 3131.25

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Processing/Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26647

Amount of Each Disbursement this Period: 4365.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12814.34

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants		Date of Disbursement MM / DD / YYYY 05 / 22 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26648 Amount of Each Disbursement this Period [REDACTED] 3777.58	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Compliance Consultants		Date of Disbursement MM / DD / YYYY 05 / 29 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26649 Amount of Each Disbursement this Period [REDACTED] 4048.74	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26651 Amount of Each Disbursement this Period [REDACTED] 870.47	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Processing/Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
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) ▼		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 8696.79	
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Compliance Consultants		Date of Disbursement MM / DD / YYYY 06 / 12 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26652	
City Milwaukee	State WI	Zip Code 53202	Amount of Each Disbursement this Period [REDACTED] 3862.06
Purpose of Disbursement Credit Card Processing/Verifications		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Compliance Consultants		Date of Disbursement MM / DD / YYYY 06 / 19 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26653	
City Milwaukee	State WI	Zip Code 53202	Amount of Each Disbursement this Period [REDACTED] 6254.33
Purpose of Disbursement Credit Card Processing/Verifications		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ComputerWild Inc		Date of Disbursement MM / DD / YYYY 01 / 03 / 2019	
Mailing Address 1430 W Toni Rae Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-2662!	
City Spokane	State WA	Zip Code 99218	Amount of Each Disbursement this Period [REDACTED] 105.00
Purpose of Disbursement Computer (Equip/Programming/Support)		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)..... ▶

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

[REDACTED] 10221.39
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer (Equip/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-26630
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 (Equip/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-26639
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 (Equip/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-26631
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer (Equip/Programming/Support)

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
05 / 01 / 2019

FEC Identification Number

Transaction ID : SB21B-26645
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 (Equip/Programming/Support)

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 03 / 2019

FEC Identification Number

Transaction ID : SB21B-26650
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Department of Workforce Development

Mailing Address 6083 N Teutonia Ave
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2019

FEC Identification Number

Transaction ID : SB21B-26625
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Department of Workforce Development

Mailing Address 6083 N Teutonia Ave
PO Box 09999

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement
State Unemployment

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 Y
04 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26644
Amount of Each Disbursement this Period
655.75

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 Y
01 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26624
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 / D D / Y Y Y Y Y
01 / 09 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26624
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)..... ▶

758.97

**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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 01 / 16 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26627
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26627
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 733.90
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 01 / 23 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26627
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

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

837.12

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)
AMERICANS FOR THE CURE OF BREAST CANCER

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	1		3	0		2	0	1	9

FEC Identification Number

C []
Transaction ID : SB21B-26629
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	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	9

FEC Identification Number

C []
Transaction ID : SB21B-26630
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	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	1	9

FEC Identification Number

C []
Transaction ID : SB21B-26631
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)..... ▶

1	5	4	.	8	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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 02 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26632
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 02 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26632
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 724.40
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 02 / 27 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26632
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

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

827.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 03 / 06 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26634
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26636
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 03 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26637
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 03 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26637
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 733.90
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 03 / 27 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26638
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26644
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

837.12

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 04 / 10 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26641 Amount of Each Disbursement this Period 51.61
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26642 Amount of Each Disbursement this Period 51.61
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 04 / 22 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26643 Amount of Each Disbursement this Period 719.00
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		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).....▶	822.22
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 04 / 24 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26643
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 51.61
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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 05 / 01 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26645
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 51.61
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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 05 / 08 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26644
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 51.61
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).....▶	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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 05 / 15 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26647
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 05 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26648
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 404.20
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 05 / 22 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26648
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

507.42

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 05 / 29 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26649 Amount of Each Disbursement this Period 51.61
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26651 Amount of Each Disbursement this Period 51.61
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		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. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 06 / 12 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26651 Amount of Each Disbursement this Period 51.61
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		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).....▶	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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 06 / 19 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26653
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 06 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26653
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 404.20
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 06 / 26 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26653
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	507.42
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 01 / 04 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26625 Amount of Each Disbursement this Period [REDACTED] 630.26
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		001 Category/Type
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 01 / 11 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26626 Amount of Each Disbursement this Period [REDACTED] 630.34
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		001 Category/Type
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 01 / 18 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26627 Amount of Each Disbursement this Period [REDACTED] 630.24
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		001 Category/Type
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] 1890.84
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Internal Revenue Service			Date of Disbursement MM / DD / YYYY 01 / 25 / 2019	
Mailing Address PO Box 804522				
City Cincinnati	State OH	Zip Code 45280-4522	FEC Identification Number C [] Transaction ID : SB21B-26628 Amount of Each Disbursement this Period [] 630.30	
Purpose of Disbursement Federal Payroll Withholding		[] 001 Category/Type		
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. Internal Revenue Service			Date of Disbursement MM / DD / YYYY 01 / 31 / 2019	
Mailing Address PO Box 804522				
City Cincinnati	State OH	Zip Code 45280-4522	FEC Identification Number C [] Transaction ID : SB21B-26629 Amount of Each Disbursement this Period [] 31.37	
Purpose of Disbursement Federal Payroll Withholding		[] 001 Category/Type		
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. Internal Revenue Service			Date of Disbursement MM / DD / YYYY 02 / 01 / 2019	
Mailing Address PO Box 804522				
City Cincinnati	State OH	Zip Code 45280-4522	FEC Identification Number C [] Transaction ID : SB21B-26628 Amount of Each Disbursement this Period [] 630.26	
Purpose of Disbursement Federal Payroll Withholding		[] 001 Category/Type		
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).....▶	[] 1291.93
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26630 Amount of Each Disbursement this Period [REDACTED] 630.32	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26631 Amount of Each Disbursement this Period [REDACTED] 630.24	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 02 / 22 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26631 Amount of Each Disbursement this Period [REDACTED] 630.30	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
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] 1890.86
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 03 / 01 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26634 Amount of Each Disbursement this Period [REDACTED] 580.41
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26635 Amount of Each Disbursement this Period [REDACTED] 580.49
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 03 / 15 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26636 Amount of Each Disbursement this Period [REDACTED] 580.41
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		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] 1741.31
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 03 / 22 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26637	
City Cincinnati	State OH	Zip Code 45280-4522	Amount of Each Disbursement this Period [REDACTED] 580.39
Purpose of Disbursement Federal Payroll Withholding		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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26638	
City Cincinnati	State OH	Zip Code 45280-4522	Amount of Each Disbursement this Period [REDACTED] 580.45
Purpose of Disbursement Federal Payroll Withholding		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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26644	
City Cincinnati	State OH	Zip Code 45280-4522	Amount of Each Disbursement this Period [REDACTED] 580.45
Purpose of Disbursement Federal Payroll Withholding		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).....▶	[REDACTED] 1741.29
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 04 / 12 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26641 Amount of Each Disbursement this Period [REDACTED] 580.45	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 04 / 19 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26642 Amount of Each Disbursement this Period [REDACTED] 580.39	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 04 / 26 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26644 Amount of Each Disbursement this Period [REDACTED] 580.47	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
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] 1741.31

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 05 / 03 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26645 Amount of Each Disbursement this Period [REDACTED] 580.41
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		001 Category/Type
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 05 / 10 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26646 Amount of Each Disbursement this Period [REDACTED] 580.45
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		001 Category/Type
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26647 Amount of Each Disbursement this Period [REDACTED] 580.41
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		001 Category/Type
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] 1741.27
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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. Internal Revenue Service

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26648

Amount of Each Disbursement this Period: 580.43

Memo Item

B. Internal Revenue Service

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26649

Amount of Each Disbursement this Period: 580.45

Memo Item

C. Internal Revenue Service

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 07 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26651

Amount of Each Disbursement this Period: 580.41

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 06 / 14 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-26652 Amount of Each Disbursement this Period [] 580.45	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 06 / 21 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-26653 Amount of Each Disbursement this Period [] 580.45	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-26654 Amount of Each Disbursement this Period [] 580.43	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1741.33
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26624
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26626
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26627
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26629
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26630
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26631
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26632
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26632
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26632
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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-26633

Amount of Each Disbursement this Period

66.33

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-26634

Amount of Each Disbursement this Period

683.45

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

FEC Identification Number

C

Transaction ID : SB21B-2663!

Amount of Each Disbursement this Period

35.02

Memo Item

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

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

784.80

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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
03 / 07 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26635
Amount of Each Disbursement this Period
35.00

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
03 / 12 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26635
Amount of Each Disbursement this Period
20.00

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
03 / 12 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26635
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)..... ▶

85.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26636
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26636
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26636
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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 Y
03 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26638
Amount of Each Disbursement this Period
35.00

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 Y
03 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26638
Amount of Each Disbursement this Period
74.94

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 Y
04 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26638
Amount of Each Disbursement this Period
389.67

Memo Item

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

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

499.61

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26639
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26639
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26639
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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 Y
04 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-26640

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

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 Y
04 / 04 / 2019

FEC Identification Number

C

Transaction ID : SB21B-26640

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

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 Y
04 / 09 / 2019

FEC Identification Number

C

Transaction ID : SB21B-26640

Amount of Each Disbursement this Period

40.00

Memo Item

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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 Y Y
04 / 10 / 2019

FEC Identification Number

C

Transaction ID : SB21B-26641

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

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 Y Y
04 / 11 / 2019

FEC Identification Number

C

Transaction ID : SB21B-26641

Amount of Each Disbursement this Period

20.00

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 Y Y
04 / 18 / 2019

FEC Identification Number

C

Transaction ID : SB21B-26641

Amount of Each Disbursement this Period

40.00

Memo Item

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

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

80.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

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-26643
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26643
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26643
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26645
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26645
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26645
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:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26648
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26649
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26651
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:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26650
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26650
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

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-26651
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26653
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26653
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26653
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank 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
06 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26654
Amount of Each Disbursement this Period
110.41

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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
01 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26625
Amount of Each Disbursement this Period
1544.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

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
01 / 09 / 2019

FEC Identification Number

C
Transaction ID : SB21B-2662t
Amount of Each Disbursement this Period
861.90

Memo Item

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

2516.71

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26627
Amount of Each Disbursement this Period
 1283.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-26628
Amount of Each Disbursement this Period
 682.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-26628
Amount of Each Disbursement this Period
 354.90

Memo Item

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

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

2320.50

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

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

/ /

FEC Identification Number

C
Transaction ID : SB21B-26630
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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

/ /

FEC Identification Number

C
Transaction ID : SB21B-26631
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

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

/ /

FEC Identification Number

C
Transaction ID : SB21B-26631
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

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-26633
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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-26635
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

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-2663t
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

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
MM / DD / YYYY
03 / 20 / 2019

FEC Identification Number

Transaction ID : SB21B-26637
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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
MM / DD / YYYY
03 / 27 / 2019

FEC Identification Number

Transaction ID : SB21B-26638
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

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
MM / DD / YYYY
04 / 03 / 2019

FEC Identification Number

Transaction ID : SB21B-26644
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

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-26641
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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-26642
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

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-26644
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

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-26645
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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-26646
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

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-26647
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

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

/ /

FEC Identification Number

C
Transaction ID : SB21B-26648
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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

/ /

FEC Identification Number

C
Transaction ID : SB21B-26649
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

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

/ /

FEC Identification Number

C
Transaction ID : SB21B-26651
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

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
MM / DD / YYYY
06 / 12 / 2019

FEC Identification Number

Transaction ID : SB21B-26652
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

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
MM / DD / YYYY
06 / 19 / 2019

FEC Identification Number

Transaction ID : SB21B-26653
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

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

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

FEC Identification Number

Transaction ID : SB21B-2662!
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26626
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	1		1	8		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26627
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	1		2	5		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26628
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)
AMERICANS FOR THE CURE OF BREAST CANCER

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
02	/	01	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26629
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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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
02	/	08	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26630
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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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
02	/	15	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26631
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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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)
AMERICANS FOR THE CURE OF BREAST CANCER

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
02		22		2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26633
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
Disbursement For: Primary General Other (specify) ▼
State: District:

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		01		2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26634
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
Disbursement For: Primary General Other (specify) ▼
State: District:

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		08		2019

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-2663!
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
Disbursement For: Primary General Other (specify) ▼
State: District:

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

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

[] 244.02

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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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. Wisconsin Department of Revenue

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26636

Amount of Each Disbursement this Period: 81.34

Memo Item

B. Wisconsin Department of Revenue

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26637

Amount of Each Disbursement this Period: 81.34

Memo Item

C. Wisconsin Department of Revenue

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26638

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial)

A. 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-26640
 Amount of Each Disbursement this Period
 [] 81.34

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:

Memo Item

Full Name (Last, First, Middle Initial)

B. 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-26641
 Amount of Each Disbursement this Period
 [] 81.34

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:

Memo Item

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	9		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C []
Transaction ID : SB21B-2664:
 Amount of Each Disbursement this Period
 [] 81.34

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:

Memo Item

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C []
Transaction ID : SB21B-26644
 Amount of Each Disbursement this Period
 [] 81.34

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:

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C []
Transaction ID : SB21B-26644
 Amount of Each Disbursement this Period
 [] 81.34

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:

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C []
Transaction ID : SB21B-26644
 Amount of Each Disbursement this Period
 [] 81.34

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:

Memo Item

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

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

[] 244.02
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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)
AMERICANS FOR THE CURE OF BREAST CANCER

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-26651
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-26652
Amount of Each Disbursement this Period

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

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-26653
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-26654
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.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

[] 81.34

[] 363946.10