

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 Fredonia WI 53021

2. FEC IDENTIFICATION NUMBER C00660233 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2018 through 03 / 31 / 2018

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

Type or Print Name of Treasurer Signature of Treasurer Piaro, Robert, , , [Electronically Filed] Date 04 / 15 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICANS FOR THE CURE OF BREAST CANCER**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2018"/>  | <input type="text" value=""/>          | <input type="text" value=""/>          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="312.00"/>    |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="196780.00"/> | <input type="text" value="196780.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="197092.00"/> | <input type="text" value="196780.00"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="134775.85"/> | <input type="text" value="134775.85"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="62316.15"/>  | <input type="text" value="62004.15"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value=""/>          | <input type="text" value=""/>          |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value=""/>          | <input type="text" value=""/>          |

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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 450.00                        | 450.00                            |
| (ii) Unitemized .....   | 196330.00                     | 196330.00                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 196780.00                     | 196780.00                         |
| (b) Political Party Committees .....  | .00                           | .00                               |
| (c) Other Political Committees (such as PACs).....  | .00                           | .00                               |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 196780.00                     | 196780.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | .00                           | .00                               |
| 13. All Loans Received .....  | .00                           | .00                               |
| 14. Loan Repayments Received.....   | .00                           | .00                               |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | .00                           | .00                               |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | .00                           | .00                               |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | .00                           | .00                               |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | .00                           | .00                               |
| (b) Levin Funds (from Schedule H5) .....  | .00                           | .00                               |
| (c) Total Transfers (add 18(a) and 18(b))..   | .00                           | .00                               |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 196780.00                     | 196780.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 196780.00                     | 196780.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

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| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | .00                           | .00                               |
| (ii) Non-Federal Share.....  | .00                           | .00                               |
| (b) Other Federal Operating Expenditures .....   | 134775.85                     | 134775.85                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 134775.85                     | 134775.85                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | .00                           | .00                               |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | .00                           | .00                               |
| 24. Independent Expenditures (use Schedule E) .....  | .00                           | .00                               |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | .00                           | .00                               |
| 26. Loan Repayments Made.....  | .00                           | .00                               |
| 27. Loans Made.....  | .00                           | .00                               |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | .00                           | .00                               |
| (b) Political Party Committees .....   | .00                           | .00                               |
| (c) Other Political Committees (such as PACs).....   | .00                           | .00                               |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | .00                           | .00                               |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | .00                           | .00                               |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | .00                           | .00                               |
| (ii) "Levin" Share.....  | .00                           | .00                               |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | .00                           | .00                               |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | .00                           | .00                               |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 134775.85                     | 134775.85                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 134775.85                     | 134775.85                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 196780.00                             | 196780.00                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | .00                                   | .00                                       |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 196780.00                             | 196780.00                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 134775.85                             | 134775.85                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | .00                                   | .00                                       |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 134775.85                             | 134775.85                                 |

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

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

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Studeman, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65523 N Centerville Rd  
 City Sturgis State MI Zip Code 49091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2018  
**Transaction ID : SA11Ai-CN1280**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Wilkinson, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 Robin Rd  
 City Pikesville State MD Zip Code 21208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual)  
 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  
 03 / 29 / 2018  
**Transaction ID : SA11Ai-CN934**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

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

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

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 450.00 |

**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**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement  
Reference: ACH|Type: Payment|Account/Description: PNC Bank  
Fees/Merchant Di  
Candidate Name

001  
Category/  
Type

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
01 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX14  
Amount of Each Disbursement this Period  
312.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees/Merchant Di

Full Name (Last, First, Middle Initial)

**B. Pnc**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement  
Reference: ACH|Type: Payment|Account/Description: PNC Bank  
Fees/Merchant Di  
Candidate Name

001  
Category/  
Type

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
02 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX15  
Amount of Each Disbursement this Period  
31.50

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees/Merchant Di

Full Name (Last, First, Middle Initial)

**C. Pnc**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement  
Reference: ACH|Type: Payment|Account/Description: PNC Bank  
Fees/Merchant Di  
Candidate Name

001  
Category/  
Type

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX17  
Amount of Each Disbursement this Period  
31.74

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees/Merchant Di

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

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

375.24

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Pnc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2018   |
| Mailing Address PO Box 609  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21b-EX20</b>                                       |
| City<br>Pittsburgh  | State<br>PA  | Zip Code<br>15230  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Deposit Amount<br>Returned/R                 |  | Amount of Each Disbursement this Period<br>[ ] 50.00   |
| Candidate Name  |  | <input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Deposit Amount Returned/R |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pnc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2018   |
| Mailing Address PO Box 609  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21b-EX21</b>                                       |
| City<br>Pittsburgh  | State<br>PA  | Zip Code<br>15230  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Deposit Amount<br>Returned/R                 |  | Amount of Each Disbursement this Period<br>[ ] 35.00   |
| Candidate Name  |  | <input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Deposit Amount Returned/R |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Pnc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 22 / 2018   |
| Mailing Address PO Box 609  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21b-EX23</b>                                       |
| City<br>Pittsburgh  | State<br>PA  | Zip Code<br>15230  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Deposit Amount<br>Returned/C                 |  | Amount of Each Disbursement this Period<br>[ ] 35.00   |
| Candidate Name  |  | <input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Deposit Amount Returned/C |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

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

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

|            |
|------------|
| [ ] 120.00 |
| [ ]        |



**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)<br><b>A. Pnc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 23 / 2018   |
| Mailing Address PO Box 609  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21b-EX24</b>                                |
| City<br>Pittsburgh  | State<br>PA  | Zip Code<br>15230  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Deposit Amount<br>Returned/C                 |  | Amount of Each Disbursement this Period<br>35.00   |
| Candidate Name  |  | <input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Deposit Amount Returned/C |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pnc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2018   |
| Mailing Address PO Box 609  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21b-EX26</b>                                |
| City<br>Pittsburgh  | State<br>PA  | Zip Code<br>15230  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Deposit Amount<br>Returned/C                 |  | Amount of Each Disbursement this Period<br>40.00   |
| Candidate Name  |  | <input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Deposit Amount Returned/C |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Donor Relations</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2018  |
| Mailing Address 1835 E Charleston Ste 4   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21b-EX18</b>                           |
| City<br>Las Vegas   | State<br>NV  | Zip Code<br>89104   |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Professional Funding<br>Returned/C           |  | Amount of Each Disbursement this Period<br>3882.39  |
| Candidate Name  |  | <input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Professional Funding |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3957.39 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: (check only one)

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

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Donor Relations</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 14 / 2018  |
| Mailing Address 1835 E Charleston Ste 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21b-EX19</b>                           |
| City Las Vegas   | State NV   | Zip Code 89104  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Professional Funding                |  | Amount of Each Disbursement this Period<br>20542.92   |
| Candidate Name   |  | Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Professional Funding |
| 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<br>001   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Donor Relations</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 21 / 2018  |
| Mailing Address 1835 E Charleston Ste 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21b-EX22</b>                           |
| City Las Vegas   | State NV   | Zip Code 89104  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Professional Funding                |  | Amount of Each Disbursement this Period<br>31159.69   |
| Candidate Name   |  | Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Professional Funding |
| 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<br>001   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Donor Relations</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 28 / 2018  |
| Mailing Address 1835 E Charleston Ste 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21b-EX25</b>                           |
| City Las Vegas   | State NV   | Zip Code 89104  |
| Purpose of Disbursement<br>Reference: ACH Type: Payment Account/Description: Professional Funding                |  | Amount of Each Disbursement this Period<br>78601.61   |
| Candidate Name   |  | Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Professional Funding |
| 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<br>001   |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 130304.22 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 134756.85 |