

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00622472 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 / / 07 01 2019 through / / 12 31 2019

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

Signature of Treasurer Piaro, Robert, , , [Electronically Filed] Date / / 07 02 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2019"/> | | 55768.27 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 21278.5 | |
| (c) Total Receipts (from Line 19) | 318917.84 | 692448.33 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 340196.34 | 748216.6 |
| 7. Total Disbursements (from Line 31)..... | 328870.53 | 736890.79 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 11325.81 | 11325.81 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

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)..... | 11745.00 | 26725 |
| (ii) Unitemized | 307172.84 | 665723.33 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 318917.84 | 692448.33 |
| (b) Political Party Committees | 0.00 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 318917.84 | 692448.33 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0 |
| 13. All Loans Received | 0.00 | 0 |
| 14. Loan Repayments Received..... | 0.00 | 0 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 318917.84 | 692448.33 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 318917.84 | 692448.33 |

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 |
| (ii) Non-Federal Share..... | 0.00 | 0 |
| (b) Other Federal Operating Expenditures | 328570.53 | 736590.79 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 328570.53 | 736590.79 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0 |
| 26. Loan Repayments Made..... | 0.00 | 0 |
| 27. Loans Made..... | 0.00 | 0 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 300.00 | 300 |
| (b) Political Party Committees | 0.00 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 300.00 | 300 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0 |
| (ii) "Levin" Share..... | 0.00 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 328870.53 | 736890.79 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 328870.53 | 736890.79 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 318917.84 | 692448.33 |
| 34. Total Contribution Refunds (from Line 28(d)) | 300.00 | 300 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 318617.84 | 692148.33 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 328570.53 | 736590.79 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 328570.53 | 736590.79 |

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

Form/Schedule: F3XA**Transaction ID :**

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

Form/Schedule: F3XA**Transaction ID:**

During a re-reconciling of the 2019 year (to correct the 2019 closing balance to line up with bank and 2020 Q1 report), we discovered that July, Aug, Sept, and October were uploaded with data files from another PAC. Due to this, the disbursements in this Amendment for these months will be different, and will not contain the original reports transaction ID's.

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 106 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. ABRAMSKI, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 LAS VEGAS BLVD S
 UNIT 1811
 City LAS VEGAS State NV Zip Code 89158
 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 ▼ 215.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : SA11AI-17349315
 Amount of Each Receipt this Period 215.00
 Memo Item

B. ALVAREZ, JOANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 LONDON CT
 City BRIDGEPORT State WV Zip Code 26330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 27 / 2019**
Transaction ID : SA11AI-17354829
 Amount of Each Receipt this Period 250.00
 Memo Item

C. BATHON, HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 PINE VALLEY RD
 City ELKTON State MD Zip Code 21921
 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 ▼ 225.00

Date of Receipt **08 / 01 / 2019**
Transaction ID : SA11AI-17351384
 Amount of Each Receipt this Period 125.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 590.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. BATHON, HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 PINE VALLEY RD
 City ELKTON State MD Zip Code 21921
 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 ▼ 225.00

Date of Receipt **12 / 30 / 2019**
Transaction ID : SA11AI-17357448
 Amount of Each Receipt this Period 100.00
 Memo Item

B. BEST, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2976 TAPER AVE
 City SANTA CLARA State CA Zip Code 95051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HATHAWAY DINWIDDIE Occupation (for Individual) SUPERINTENDANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 03 / 2019**
Transaction ID : SA11AI-17353634
 Amount of Each Receipt this Period 400.00
 Memo Item

C. EVERSON, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4137 APPLETON HOLLOW AVE NW
 City CONCORD State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Entrepreneur Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt **07 / 11 / 2019**
Transaction ID : SA11AI-17348333
 Amount of Each Receipt this Period 510.00
 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 9 OF 106 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. GROTE, FREDERICK B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 W ORAIBI DR
 City PHOENIX State AZ Zip Code 85027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **12 / 19 / 2019**
Transaction ID : SA11AI-17357136
 Amount of Each Receipt this Period 200.00
 Memo Item

B. HAGADONE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1853 PARKVIEW DR NE
 City TACOMA State WA Zip Code 98422
 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 ▼ 315.00

Date of Receipt **07 / 12 / 2019**
Transaction ID : SA11AI-17348973
 Amount of Each Receipt this Period 115.00
 Memo Item

C. HAGADONE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1853 PARKVIEW DR NE
 City TACOMA State WA Zip Code 98422
 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 ▼ 315.00

Date of Receipt **11 / 09 / 2019**
Transaction ID : SA11AI-17355965
 Amount of Each Receipt this Period 200.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 515.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. HAMBRICK, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 6TH ST NW
 City HICKORY State NC Zip Code 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI-17355395
 Amount of Each Receipt this Period 100.00
 Memo Item

B. HOLYOAK, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10002 COPELAND DR
 City MANASSAS State VA Zip Code 20109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) DATABASE ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2019
Transaction ID : SA11AI-17354050
 Amount of Each Receipt this Period 250.00
 Memo Item

C. HOOVER, KIMBERLEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8051 FAIR BREEZE DR
 City SEVERN State MD Zip Code 21144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 12 / 2019
Transaction ID : SA11AI-17348985
 Amount of Each Receipt this Period 300.00
 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 11 OF 106 |
| | <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)
ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. JOHNSON, PEGGY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 ADAMS ST
 UNIT B303
 City DORCHESTER CENTER State MA Zip Code 02124
 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 ▼ 415.00

Date of Receipt 07 / 08 / 2019
Transaction ID : SA11AI-17347613
 Amount of Each Receipt this Period 200.00
 Memo Item

B. JOHNSON, MOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2062 WHARF RD
 City CAPITOLA State CA Zip Code 95010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 10 / 2019
Transaction ID : SA11AI-17347717
 Amount of Each Receipt this Period 315.00
 Memo Item

C. JOHNSON, PEGGY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 ADAMS ST
 UNIT B303
 City DORCHESTER CENTER State MA Zip Code 02124
 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 ▼ 415.00

Date of Receipt 12 / 17 / 2019
Transaction ID : SA11AI-17357127
 Amount of Each Receipt this Period 215.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 730.00
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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. KOHR, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 FAIRWOOD FOREST DR
 City CLEARWATER State FL Zip Code 33759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 09 / 09 / 2019
Transaction ID : SA11AI-17353969
 Amount of Each Receipt this Period 500.00
 Memo Item

B. LAGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 IRIS CIR
 City ENGLISHTOWN State NJ Zip Code 07726
 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 ▼ 515.00

Date of Receipt 07 / 15 / 2019
Transaction ID : SA11AI-17349302
 Amount of Each Receipt this Period 515.00
 Memo Item

C. LANGEVIN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5615 PAPAYA RD
 City WEST PALM BEACH State FL Zip Code 33413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 11 / 2019
Transaction ID : SA11AI-17348659
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1315.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MANZUK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15540 LAKEWOOD HEIGHTS BLVD

| | | |
|------------------|-------------|-------------------|
| City LAKEWOOD | State OH | Zip Code 44107 |
|------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2019

Transaction ID : SA11AI-17349399

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 15540 LAKEWOOD HEIGHTS BLVD

| | | |
|------------------|-------------|-------------------|
| City LAKEWOOD | State OH | Zip Code 44107 |
|------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2019

Transaction ID : SA11AI-17355845

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address 3056 OLD MILL RUN

| | | |
|-------------------|-------------|-------------------|
| City GRAPEVINE | State TX | Zip Code 76051 |
|-------------------|-------------|-------------------|

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 ▼
510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019

Transaction ID : SA11AI-17348874

Amount of Each Receipt this Period
510.00

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 14 OF 106 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MARTIN, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 COUNTY ROAD 5091

| | | |
|--------------------|-------------|-------------------|
| City BOONEVILLE | State MS | Zip Code 38829 |
|--------------------|-------------|-------------------|

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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2019

Transaction ID : SA11AI-17354820

Amount of Each Receipt this Period
100.00

Memo Item

B. MARTIN, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 COUNTY ROAD 5091

| | | |
|--------------------|-------------|-------------------|
| City BOONEVILLE | State MS | Zip Code 38829 |
|--------------------|-------------|-------------------|

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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2019

Transaction ID : SA11AI-17355726

Amount of Each Receipt this Period
55.00

Memo Item

C. MATHEWSON, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8419 BLUESTEM LN

| | | |
|--------------------|-------------|-------------------|
| City PLAINFIELD | State IN | Zip Code 46168 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2019

Transaction ID : SA11AI-17350371

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 255.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MATHEWSON, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8419 BLUESTEM LN
 City PLAINFIELD State IN Zip Code 46168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2019
Transaction ID : SA11AI-17356062
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MOHAN, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2293 LINDSAY DR
 City CARLSBAD State CA Zip Code 92008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2019
Transaction ID : SA11AI-17357057
 Amount of Each Receipt this Period 120.00
 Memo Item

C. MOREY, SUSAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10016 MADISON AVE
 City KANSAS CITY State MO Zip Code 64114
 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 ▼ 220.00

Date of Receipt 10 / 25 / 2019
Transaction ID : SA11AI-17355549
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 320.00 |
| 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 16 OF 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. NOWOGROSKI, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 483 SPRING CREEK RD
 City WAITSBURG State WA Zip Code 99361
 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 ▼ 500.00

Date of Receipt 07 / 11 / 2019
Transaction ID : SA11AI-17348557
 Amount of Each Receipt this Period 500.00
 Memo Item

B. OCHOA, VICTORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 E 53RD ST
 City HIALEAH State FL Zip Code 33013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 21 / 2019
Transaction ID : SA11AI-17357180
 Amount of Each Receipt this Period 150.00
 Memo Item

C. ONCKEN, HOLLY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 GLEN SHORES DR
 City EUREKA State MT Zip Code 59917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 16 / 2019
Transaction ID : SA11AI-17354364
 Amount of Each Receipt this Period 250.00
 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 17 OF 106 |
| | <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)
ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. ORANS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 142
 City CENTER LOVELL State ME Zip Code 04016
 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 ▼ 350.00

Date of Receipt 07 / 30 / 2019
Transaction ID : SA11AI-17351213
 Amount of Each Receipt this Period 350.00
 Memo Item

B. RAHM, ANDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3735 RONNEBY RD NE
 City FOLEY State MN Zip Code 56329
 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 ▼ 205.00

Date of Receipt 07 / 31 / 2019
Transaction ID : SA11AI-17351343
 Amount of Each Receipt this Period 105.00
 Memo Item

C. RAHM, ANDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3735 RONNEBY RD NE
 City FOLEY State MN Zip Code 56329
 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 ▼ 205.00

Date of Receipt 08 / 26 / 2019
Transaction ID : SA11AI-17353528
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 555.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. ROWLAND, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2345 ALAQUA DR
 City LONGWOOD State FL Zip Code 32779
 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 **07 / 16 / 2019**
Transaction ID : SA11AI-17349400
 Amount of Each Receipt this Period 200.00
 Memo Item

B. ROWLAND, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2345 ALAQUA DR
 City LONGWOOD State FL Zip Code 32779
 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 **08 / 06 / 2019**
Transaction ID : SA11AI-17352038
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SHAPIRO, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address NO ADDRESS
 City DENVER State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TL Occupation (for Individual) COUNTY FAVOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt **07 / 12 / 2019**
Transaction ID : SA11AI-17348915
 Amount of Each Receipt this Period 615.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1015.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SHAVER, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 501
 City SPOONER State WI Zip Code 54801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VARIOUS COMPANIES Occupation (for Individual) TRUCK DRIVER
 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
 10 / 01 / 2019
Transaction ID : SA11AI-17355031
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. SMITH, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2505 JOHN EPPES RD APT 204
 City HERNDON State VA Zip Code 20171
 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 ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2019
Transaction ID : SA11AI-17349868
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. SMITH, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2505 JOHN EPPES RD APT 204
 City HERNDON State VA Zip Code 20171
 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 ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2019
Transaction ID : SA11AI-17355875
 Amount of Each Receipt this Period
 355.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 655.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. STARKEY, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 JASON DR
 City LEBANON State IN Zip Code 46052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SURPLUS CITY LIQUIDATORS Occupation (for Individual) WAREHOUSE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 07 / 18 / 2019
Transaction ID : SA11AI-17349712
 Amount of Each Receipt this Period 265.00
 Memo Item

B. SUMMERFORD, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1555 COOPER HILL RD
 City BIRMINGHAM State AL Zip Code 35210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WE TALK DOG Occupation (for Individual) DOG TRAINER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 26 / 2019
Transaction ID : SA11AI-17353415
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SVAGER, ALEKSANDAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 174
 City WILBERFORCE State OH Zip Code 45384
 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 09 / 16 / 2019
Transaction ID : SA11AI-17354358
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 565.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. THAXTON, JOYCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 LAKEVIEW LN
 City FAYETTEVILLE State GA Zip Code 30214
 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
 09 / 30 / 2019
Transaction ID : SA11AI-17354895
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. TOWSLEE, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 292
 City CARLTON State MN Zip Code 55718
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2019
Transaction ID : SA11AI-17348601
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. VARGAS, IRENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 714 S HEATHER LN
 City WEST COVINA State CA Zip Code 91791
 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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2019
Transaction ID : SA11AI-17351628
 Amount of Each Receipt this Period
 130.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 540.00 |
| 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 106 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. VETTER, WANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 COUNTRY BROOK DR
 APT 2203

City KELLER State TX Zip Code 76248

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 ▼
 205.00

Date of Receipt
 09 / 09 / 2019
Transaction ID : SA11AI-17353983

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 806 AQUA VISTA LN

City RICHMOND State TX Zip Code 77469

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
 11 / 18 / 2019
Transaction ID : SA11AI-17356256

Amount of Each Receipt this Period
 300.00

Memo Item

C. WALLECE, LYNN ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7188 COUNTY HIGHWAY O

City TOMAH State WI Zip Code 54660

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 ▼
 215.00

Date of Receipt
 08 / 05 / 2019
Transaction ID : SA11AI-17352009

Amount of Each Receipt this Period
 215.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 615.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 106 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. WILKINS, BETSY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20475 E WALNUT DR
 City LINDEN State CA Zip Code 95236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 25 / 2019
Transaction ID : SA11AI-17355550
 Amount of Each Receipt this Period 215.00
 Memo Item

B. YOUNGWOLF, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 388
 City NEW TOWN State ND Zip Code 58763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 26 / 2019
Transaction ID : SA11AI-17354794
 Amount of Each Receipt this Period 350.00
 Memo Item

C. ZELSON, SHARRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3503 RHOADS AVE APT 30
 City NEWTOWN SQUARE State PA Zip Code 19073
 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 ▼ 450.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI-17355417
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 865.00 |
| TOTAL This Period (last page this line number only)..... | 11745.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

| | | | | |
|---|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , , | | | Date of Disbursement MM / DD / YYYY 07 / 05 / 2019 | |
| Mailing Address W4960 Kohler Drive | | | | |
| City Fredonia | State WI | Zip Code 53021 | FEC Identification Number C [REDACTED] | |
| Purpose of Disbursement payroll | | Category/ Type 001 | Transaction ID : SB21B-34627 Amount of Each Disbursement this Period [REDACTED] 254.77 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) B. Hammen, Michelle, , , | | | Date of Disbursement MM / DD / YYYY 07 / 12 / 2019 | |
| Mailing Address W4960 Kohler Drive | | | | |
| City Fredonia | State WI | Zip Code 53021 | FEC Identification Number C [REDACTED] | |
| Purpose of Disbursement payroll | | Category/ Type 001 | Transaction ID : SB21B-34627 Amount of Each Disbursement this Period [REDACTED] 254.76 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) C. Hammen, Michelle, , , | | | Date of Disbursement MM / DD / YYYY 07 / 19 / 2019 | |
| Mailing Address W4960 Kohler Drive | | | | |
| City Fredonia | State WI | Zip Code 53021 | FEC Identification Number C [REDACTED] | |
| Purpose of Disbursement payroll | | Category/ Type 001 | Transaction ID : SB21B-34627 Amount of Each Disbursement this Period [REDACTED] 254.76 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | | |
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | | | [REDACTED] 764.29 | |
| TOTAL This Period (last page this line number only)..... ▶ | | | [REDACTED] | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-34628

Amount of Each Disbursement this Period

254.76

Memo Item

Full Name (Last, First, Middle Initial)

B. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-34628

Amount of Each Disbursement this Period

254.77

Memo Item

Full Name (Last, First, Middle Initial)

C. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-34628

Amount of Each Disbursement this Period

254.76

Memo Item

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

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

764.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

| | | | | |
|---|--|-------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , , | | | Date of Disbursement MM / DD / YYYY 08 / 16 / 2019 | |
| Mailing Address W4960 Kohler Drive | | | | |
| City Fredonia | State WI | Zip Code 53021 | FEC Identification Number C [] | |
| Purpose of Disbursement payroll | | | Transaction ID : SB21B-34628 | |
| Candidate Name | | | Amount of Each Disbursement this Period [] 254.76 | |
| 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 08 / 23 / 2019 | |
| Mailing Address W4960 Kohler Drive | | | | |
| City Fredonia | State WI | Zip Code 53021 | FEC Identification Number C [] | |
| Purpose of Disbursement payroll | | | Transaction ID : SB21B-34629 | |
| Candidate Name | | | Amount of Each Disbursement this Period [] 254.77 | |
| 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 08 / 30 / 2019 | |
| Mailing Address W4960 Kohler Drive | | | | |
| City Fredonia | State WI | Zip Code 53021 | FEC Identification Number C [] | |
| Purpose of Disbursement payroll | | | Transaction ID : SB21B-34628 | |
| Candidate Name | | | Amount of Each Disbursement this Period [] 254.76 | |
| 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).....▶ | [] 764.29 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

| | | | |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. Hammen, Michelle, , , | | Date of Disbursement MM / DD / YYYY 09 / 06 / 2019 | |
| Mailing Address W4960 Kohler Drive | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34629 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 09 / 13 / 2019 | |
| Mailing Address W4960 Kohler Drive | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34630 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 07 / 05 / 2019 | |
| Mailing Address 8444 County Road M | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34627 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: | | | |

| | |
|--|--------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 1270.77 |
| TOTAL This Period (last page this line number only).....▶ | [REDACTED] |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | | |
|---|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Piaro, Robert, , , | | | Date of Disbursement MM / DD / YYYY 07 / 12 / 2019 | | |
| Mailing Address 8444 County Road M | | | | | |
| City Fredonia | | State WI | Zip Code 53021 | | |
| 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 | | | |

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34627
Amount of Each Disbursement this Period
[REDACTED] 761.24

| | | | | | |
|---|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Piaro, Robert, , , | | | Date of Disbursement MM / DD / YYYY 07 / 19 / 2019 | | |
| Mailing Address 8444 County Road M | | | | | |
| City Fredonia | | State WI | Zip Code 53021 | | |
| 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 | | | |

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34627
Amount of Each Disbursement this Period
[REDACTED] 761.24

| | | | | | |
|---|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Piaro, Robert, , , | | | Date of Disbursement MM / DD / YYYY 07 / 26 / 2019 | | |
| Mailing Address 8444 County Road M | | | | | |
| City Fredonia | | State WI | Zip Code 53021 | | |
| 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 | | | |

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34627
Amount of Each Disbursement this Period
[REDACTED] 761.24

| | |
|--|--------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 2283.72 |
| TOTAL This Period (last page this line number only).....▶ | [REDACTED] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Piaro, Robert, , ,

Mailing Address 8444 County Road M

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-34628
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Piaro, Robert, , ,

Mailing Address 8444 County Road M

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-34628
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Piaro, Robert, , ,

Mailing Address 8444 County Road M

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-34628
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. Piaro, Robert, , , | | Date of Disbursement MM / DD / YYYY 08 / 23 / 2019 | |
| Mailing Address 8444 County Road M | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34629 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 08 / 30 / 2019 | |
| Mailing Address 8444 County Road M | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34629 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 09 / 06 / 2019 | |
| Mailing Address 8444 County Road M | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34629 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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 13 / 2019

FEC Identification Number C

Transaction ID : SB21B-34630

Amount of Each Disbursement this Period 761.25

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 07 / 05 / 2019

FEC Identification Number C

Transaction ID : SB21B-34627

Amount of Each Disbursement this Period 237.15

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 07 / 12 / 2019

FEC Identification Number C

Transaction ID : SB21B-34627

Amount of Each Disbursement this Period 237.14

Memo Item

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

1235.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34627
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34628
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34628
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34628
Amount of Each Disbursement this Period
237.14

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

MM / DD / YYYY
08 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34629
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

MM / DD / YYYY
08 / 23 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34628
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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34629
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34630
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34631
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34580 |
| Amount of Each Disbursement this Period |
| 1622.88 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34580 |
| Amount of Each Disbursement this Period |
| 1512.16 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 17 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34580 |
| Amount of Each Disbursement this Period |
| 7224.00 |

Candidate Name

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

Memo Item

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

| |
|----------|
| 10359.04 |
|----------|

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

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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | | |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Technology | | | Date of Disbursement MM / DD / YYYY 07 / 24 / 2019 | | |
| Mailing Address 125 North 2nd St Unit 110 Box 241 | | | FEC Identification Number C [] Transaction ID : SB21B-34580 Amount of Each Disbursement this Period [] 17546.40 | | |
| City Phoenix | State AZ | Zip Code 85250 | Category/Type 001 | | |
| Purpose of Disbursement Software/Software Licensing Payment | | Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | <input type="checkbox"/> Memo Item | | | | |

| | | | | | |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. American Technology | | | Date of Disbursement MM / DD / YYYY 07 / 31 / 2019 | | |
| Mailing Address 125 North 2nd St Unit 110 Box 241 | | | FEC Identification Number C [] Transaction ID : SB21B-34580 Amount of Each Disbursement this Period [] 10944.48 | | |
| City Phoenix | State AZ | Zip Code 85250 | Category/Type 001 | | |
| Purpose of Disbursement Software/Software Licensing Payment | | Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | <input type="checkbox"/> Memo Item | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. American Technology | | | Date of Disbursement MM / DD / YYYY 08 / 07 / 2019 | | |
| Mailing Address 125 North 2nd St Unit 110 Box 241 | | | FEC Identification Number C [] Transaction ID : SB21B-34580 Amount of Each Disbursement this Period [] 7208.80 | | |
| City Phoenix | State AZ | Zip Code 85250 | Category/Type 001 | | |
| Purpose of Disbursement Software/Software Licensing Payment | | Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | <input type="checkbox"/> Memo Item | | | | |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 35699.68 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2019

FEC Identification Number

Transaction ID : SB21B-34580
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 21 / 2019

FEC Identification Number

Transaction ID : SB21B-34580
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 28 / 2019

FEC Identification Number

Transaction ID : SB21B-34580
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 04 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34581 |
| Amount of Each Disbursement this Period |
| 3446.88 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 11 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34581 |
| Amount of Each Disbursement this Period |
| 2411.68 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 18 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34581 |
| Amount of Each Disbursement this Period |
| 2773.76 |

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)..... ▶

| |
|---------|
| 8632.32 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34581
Amount of Each Disbursement this Period
2826.40

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34581
Amount of Each Disbursement this Period
2350.56

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34581
Amount of Each Disbursement this Period
1598.08

Memo Item

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

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

6775.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 16 | | | 2019 | | | |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

| |
|---------------|
| 001 |
| Category/Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34581

Amount of Each Disbursement this Period

| |
|---------|
| 1603.04 |
|---------|

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 23 | | | 2019 | | | |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

| |
|---------------|
| 001 |
| Category/Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34581

Amount of Each Disbursement this Period

| |
|---------|
| 1626.24 |
|---------|

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2019 | | | |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

| |
|---------------|
| 001 |
| Category/Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34581

Amount of Each Disbursement this Period

| |
|--------|
| 939.36 |
|--------|

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

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

| |
|---------|
| 4168.64 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 06 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

| |
|---------------|
| 001 |
| Category/Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-32646 |
| Amount of Each Disbursement this Period |
| 1452.48 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 13 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

| |
|---------------|
| 001 |
| Category/Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-32647 |
| Amount of Each Disbursement this Period |
| 989.44 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 20 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

| |
|---------------|
| 001 |
| Category/Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-32647 |
| Amount of Each Disbursement this Period |
| 3286.08 |

Candidate Name

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

Memo Item

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

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

| |
|---------|
| 5728.00 |
| |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-32647

Amount of Each Disbursement this Period

[Redacted] 1663.20

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-32648

Amount of Each Disbursement this Period

[Redacted] 1669.28

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-32649

Amount of Each Disbursement this Period

[Redacted] 2206.88

Memo Item

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

[Redacted] 5539.36

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

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 18 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-32649 |
| Amount of Each Disbursement this Period |
| 2008.80 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 24 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-32650 |
| Amount of Each Disbursement this Period |
| 1549.12 |

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-32651 |
| Amount of Each Disbursement this Period |
| 1602.72 |

Candidate Name

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

Memo Item

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

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

| |
|---------|
| 5160.64 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

78.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

310.60

Memo Item

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

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

419.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

[REDACTED] 105.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

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

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

[REDACTED] 165.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 02 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

| |
|-------|
| 80.10 |
|-------|

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 |
| 10 | | | 02 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-34584

Amount of Each Disbursement this Period

| |
|-------|
| 30.00 |
|-------|

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 |
| 11 | | | 04 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-3264!

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)..... ▶

| |
|--------|
| 140.10 |
|--------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-32645
Amount of Each Disbursement this Period

[Redacted] 53.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-32648
Amount of Each Disbursement this Period

[Redacted] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2019

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-32648
Amount of Each Disbursement this Period

[Redacted] 71.80

Memo Item

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

[Redacted] 155.30

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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 02 | | 2019 |

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 63105

Transaction ID : SB21B-34589
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/
Type

[REDACTED] 20.00

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 63105

Transaction ID : SB21B-34589
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/
Type

[REDACTED] 115.00

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 05 | | 2019 |

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 63105

Transaction ID : SB21B-34589
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/
Type

[REDACTED] 642.08

Candidate Name

Memo Item

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

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

[REDACTED] 777.08

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34589
Amount of Each Disbursement this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34589
Amount of Each Disbursement this Period
45.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34589
Amount of Each Disbursement this Period
35.00

Memo Item

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

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

115.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34589
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34589
Amount of Each Disbursement this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B-34589
Amount of Each Disbursement this Period
155.00

Memo Item

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

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

200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34589

Amount of Each Disbursement this Period

2861.91

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34590

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34591

Amount of Each Disbursement this Period

30.00

Memo Item

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

2916.91

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | |
|---|--|----------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Clearent LLC | | | Date of Disbursement MM / DD / YYYY 08 / 08 / 2019 | |
| Mailing Address 222 South Central Suite 700 | | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34590 | |
| City Clayton | State MO | Zip Code 63105 | Amount of Each Disbursement this Period [REDACTED] 25.00 | |
| 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. Clearent LLC | | | Date of Disbursement MM / DD / YYYY 08 / 09 / 2019 | |
| Mailing Address 222 South Central Suite 700 | | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34590 | |
| City Clayton | State MO | Zip Code 63105 | Amount of Each Disbursement this Period [REDACTED] 50.00 | |
| 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. Clearent LLC | | | Date of Disbursement MM / DD / YYYY 08 / 13 / 2019 | |
| Mailing Address 222 South Central Suite 700 | | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34590 | |
| City Clayton | State MO | Zip Code 63105 | Amount of Each Disbursement this Period [REDACTED] 20.00 | |
| 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] 95.00 |
| TOTAL This Period (last page this line number only).....▶ | [REDACTED] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34590
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34590
Amount of Each Disbursement this Period
60.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34590
Amount of Each Disbursement this Period
65.00

Memo Item

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34590

Amount of Each Disbursement this Period

[REDACTED] 1002.57

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34590

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34590

Amount of Each Disbursement this Period

[REDACTED] 40.00

Memo Item

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

[REDACTED] 1062.57

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34591
Amount of Each Disbursement this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34591
Amount of Each Disbursement this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34591
Amount of Each Disbursement this Period
100.00

Memo Item

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

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

170.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | |
|---|---|----------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Clearent LLC | | | Date of Disbursement MM / DD / YYYY 10 / 04 / 2019 | |
| Mailing Address 222 South Central Suite 700 | | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34591 | |
| City Clayton | State MO | Zip Code 63105 | Amount of Each Disbursement this Period [REDACTED] 722.20 | |
| 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 State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | | |
|---|---|----------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Clearent LLC | | | Date of Disbursement MM / DD / YYYY 10 / 07 / 2019 | |
| Mailing Address 222 South Central Suite 700 | | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34591 | |
| City Clayton | State MO | Zip Code 63105 | Amount of Each Disbursement this Period [REDACTED] 35.00 | |
| 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 State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | | |
|---|---|----------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Clearent LLC | | | Date of Disbursement MM / DD / YYYY 10 / 11 / 2019 | |
| Mailing Address 222 South Central Suite 700 | | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34591 | |
| City Clayton | State MO | Zip Code 63105 | Amount of Each Disbursement this Period [REDACTED] 50.00 | |
| 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 State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 807.20 |
| 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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34591
Amount of Each Disbursement this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34591
Amount of Each Disbursement this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34591
Amount of Each Disbursement this Period
35.00

Memo Item

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

170.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34592

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2019

FEC Identification Number

C

Transaction ID : SB21B-32646

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B-32646

Amount of Each Disbursement this Period

439.24

Memo Item

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

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

494.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32646
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32647
Amount of Each Disbursement this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32648
Amount of Each Disbursement this Period
560.91

Memo Item

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

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

635.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 10 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-32649

Amount of Each Disbursement this Period

| |
|-------|
| 45.00 |
|-------|

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 31 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-32650

Amount of Each Disbursement this Period

| |
|-------|
| 50.00 |
|-------|

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 03 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-3459!

Amount of Each Disbursement this Period

| |
|---------|
| 2303.48 |
|---------|

Memo Item

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

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

| |
|---------|
| 2398.48 |
|---------|

| |
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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | | 1 | 0 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34595

Amount of Each Disbursement this Period

[REDACTED] 2146.32

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

001

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 |
| 0 | 7 | | | | 1 | 7 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34595

Amount of Each Disbursement this Period

[REDACTED] 10253.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

001

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 |
| 0 | 7 | | | | 2 | 4 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34595

Amount of Each Disbursement this Period

[REDACTED] 24904.47

Memo Item

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

[REDACTED] 37304.13

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34595
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34595
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34595
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34596
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34596
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34596
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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ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34596
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34596
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34596
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 02 / 2019

FEC Identification Number

Transaction ID : SB21B-34596
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2019

FEC Identification Number

Transaction ID : SB21B-34596
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 16 / 2019

FEC Identification Number

Transaction ID : SB21B-34596
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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ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34597
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34597
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32644
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Compliance Consultants LLC

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 Pmt Processing/ Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32647

Amount of Each Disbursement this Period: 1404.39

Memo Item

B. Compliance Consultants LLC

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 Pmt Processing/ Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32647

Amount of Each Disbursement this Period: 4663.95

Memo Item

C. Compliance Consultants LLC

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 Pmt Processing/ Verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2019

FEC Identification Number: C

Transaction ID : SB21B-32647

Amount of Each Disbursement this Period: 2360.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8429.04

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 04 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32648
Amount of Each Disbursement this Period
2369.33

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 11 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32648
Amount of Each Disbursement this Period
3132.16

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 18 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32648
Amount of Each Disbursement this Period
2851.24

Memo Item

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

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

8352.73

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32650
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32650
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

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-34598
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer

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-34598
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

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-34598
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Department of Workforce Development

Mailing Address 6083 N Teutonia Avenue
PO Box 09999

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement
State Unemployment

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-3460t
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Department of Workforce Development

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 31 | | 2019 |

Mailing Address 6083 N Teutonia Avenue
PO Box 09999

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34600
Amount of Each Disbursement this Period

[REDACTED] 193.56

Memo Item

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:

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34603
Amount of Each Disbursement this Period

[REDACTED] 51.61

Memo Item

City Waukesha State WI Zip Code 53186-1867

Purpose of Disbursement
Accounting

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. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 05 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-3460:
Amount of Each Disbursement this Period

[REDACTED] 477.90

Memo Item

City Waukesha State WI Zip Code 53186-1867

Purpose of Disbursement
Accounting

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)..... ▶

[REDACTED] 723.07

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604
Amount of Each Disbursement this Period

| |
|-------|
| 51.61 |
|-------|

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 17 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604
Amount of Each Disbursement this Period

| |
|-------|
| 51.61 |
|-------|

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 24 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604
Amount of Each Disbursement this Period

| |
|-------|
| 51.61 |
|-------|

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

| |
|--------|
| 154.83 |
|--------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 31 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604

Amount of Each Disbursement this Period

| |
|-------|
| 51.61 |
|-------|

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 05 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604

Amount of Each Disbursement this Period

| |
|--------|
| 473.80 |
|--------|

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 08 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604

Amount of Each Disbursement this Period

| |
|-------|
| 51.61 |
|-------|

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

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

| |
|--------|
| 577.02 |
|--------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 14 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604

Amount of Each Disbursement this Period

| |
|-------|
| 51.61 |
|-------|

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

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 21 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604

Amount of Each Disbursement this Period

| |
|--------|
| 108.38 |
|--------|

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

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 04 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B-34604

Amount of Each Disbursement this Period

| |
|-------|
| 54.19 |
|-------|

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)..... ▶

| |
|--------|
| 214.18 |
|--------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 05 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34604 |
| Amount of Each Disbursement this Period |
| 503.40 |

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 11 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-34605 |
| Amount of Each Disbursement this Period |
| 54.19 |

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 18 | | 2019 |

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

| |
|-------------------|
| 001 |
| Category/ Type |

FEC Identification Number

| |
|---|
| C |
| Transaction ID : SB21B-3460! |
| Amount of Each Disbursement this Period |
| 54.19 |

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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

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

| |
|--------|
| 611.78 |
|--------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

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 |
| 10 | | | 07 | | | 2019 | | | |

FEC Identification Number

C []
Transaction ID : SB21B-34605
Amount of Each Disbursement this Period
[] 525.80

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 |
| 11 | | | 05 | | | 2019 | | | |

FEC Identification Number

C []
Transaction ID : SB21B-32646
Amount of Each Disbursement this Period
[] 507.50

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 |
| 12 | | | 05 | | | 2019 | | | |

FEC Identification Number

C []
Transaction ID : SB21B-32646
Amount of Each Disbursement this Period
[] 855.00

Memo Item

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

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

| |
|---------|
| 1888.30 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Fillmore Fire Department

Mailing Address 8485 Trading Post Trail

City
West Bend

State
WI

Zip Code
53090

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 17 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-32649

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Fox, O'Neill & Shannon, S. C.

Mailing Address 622 N Water St.
Ste 500

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement
Lawyer

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 16 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-34605

Amount of Each Disbursement this Period

3742.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City
Cincinnati

State
OH

Zip Code
45280-4522

Purpose of Disbursement
Federal Payroll Withholding

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 03 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

580.43

Memo Item

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

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

14322.73

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement
Federal Withholding

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-34608
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement
Federal Withholding

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-34608
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement
Federal Withholding

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-34608
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34608
Amount of Each Disbursement this Period
580.45

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Unemployment

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34608
Amount of Each Disbursement this Period
38.98

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34608
Amount of Each Disbursement this Period
580.39

Memo Item

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

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

1199.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34608
Amount of Each Disbursement this Period
580.45

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34608
Amount of Each Disbursement this Period
580.45

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34608
Amount of Each Disbursement this Period
580.41

Memo Item

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

1741.31

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34609

Amount of Each Disbursement this Period

580.43

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34609

Amount of Each Disbursement this Period

580.45

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Withholding

001

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34609

Amount of Each Disbursement this Period

580.43

Memo Item

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

1741.31

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
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
07 / 01 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34613

Amount of Each Disbursement this Period

157.90

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

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34613

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34613

Amount of Each Disbursement this Period

24.95

Memo Item

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

214.35

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. PNC Bank | | Date of Disbursement MM / DD / YYYY 07 / 03 / 2019 |
| Mailing Address PO Box 856177 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34613 Amount of Each Disbursement this Period 609.39 |
| City Louisville | State KY | Zip Code 40285 |
| Purpose of Disbursement PNC Credit Card | | 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. PNC Bank | | Date of Disbursement MM / DD / YYYY 07 / 31 / 2019 |
| Mailing Address PO Box 609 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34613 Amount of Each Disbursement this Period 77.99 |
| City Pittsburgh | State PA | Zip Code 15230-9738 |
| Purpose of Disbursement Bank Fee | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. PNC Bank | | Date of Disbursement MM / DD / YYYY 08 / 02 / 2019 |
| Mailing Address PO Box 609 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B-34614 Amount of Each Disbursement this Period 31.50 |
| City Pittsburgh | State PA | Zip Code 15230-9738 |
| Purpose of Disbursement Bank Fee | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 718.88 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34614
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

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-34614
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

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-34614
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 03 | | 2019 |

FEC Identification Number

C

Transaction ID : SB21B-34614

Amount of Each Disbursement this Period

| |
|-------|
| 31.50 |
|-------|

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 03 | | 2019 |

FEC Identification Number

C

Transaction ID : SB21B-34614

Amount of Each Disbursement this Period

| |
|-------|
| 59.15 |
|-------|

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 03 | | 2019 |

FEC Identification Number

C

Transaction ID : SB21B-34614

Amount of Each Disbursement this Period

| |
|-------|
| 24.95 |
|-------|

Memo Item

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

| |
|--------|
| 115.60 |
|--------|

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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee

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 | 9 | | 3 | 0 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C

Transaction ID : SB21B-34614

Amount of Each Disbursement this Period

202.54

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

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 |
| 1 | 0 | | 0 | 2 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C

Transaction ID : SB21B-34614

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
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 |
| 1 | 0 | | 0 | 2 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C

Transaction ID : SB21B-34614

Amount of Each Disbursement this Period

58.90

Memo Item

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

292.94

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34614

Amount of Each Disbursement this Period

109.95

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-34615

Amount of Each Disbursement this Period

24.95

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2019

FEC Identification Number

C

Transaction ID : SB21B-3461!

Amount of Each Disbursement this Period

113.61

Memo Item

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

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

248.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-32646

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-32646

Amount of Each Disbursement this Period

58.90

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-32646

Amount of Each Disbursement this Period

24.95

Memo Item

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

115.35

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. 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 |
| 1 | 1 | | 2 | 9 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C

Transaction ID : SB21B-32648

Amount of Each Disbursement this Period

148.13

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 |
| 1 | 2 | | 0 | 2 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C

Transaction ID : SB21B-32648

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-32648

Amount of Each Disbursement this Period

58.90

Memo Item

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

238.53

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. 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 |
| 12 | | | 02 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-32648

Amount of Each Disbursement this Period

24.95

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 11 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-32649

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 |
| 12 | | | 31 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB21B-32651

Amount of Each Disbursement this Period

51.47

Memo Item

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

96.42

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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Address Company

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-34617
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Address Company

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-34617
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Address Company

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-34617
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Address Company

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-34617
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Address Company

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-34617
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Mailing Address Company

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-34617
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

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-32647
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

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-32650
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34620
Amount of Each Disbursement this Period
729.30

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34621
Amount of Each Disbursement this Period
3494.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2019

FEC Identification Number

C
Transaction ID : SB21B-34621
Amount of Each Disbursement this Period
8490.30

Memo Item

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

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

12714.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
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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ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34621
 Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 02 | | 2019 |

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34622
 Amount of Each Disbursement this Period
 [REDACTED] 1134.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 09 | | 2019 |

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34622
 Amount of Each Disbursement this Period
 [REDACTED] 772.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 16 | | 2019 |

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34622
 Amount of Each Disbursement this Period
 [REDACTED] 776.10

Memo Item

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

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

| | |
|------------|---------|
| [REDACTED] | 2683.20 |
| [REDACTED] | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34622
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34622
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32644
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32647
Amount of Each Disbursement this Period
475.80

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32647
Amount of Each Disbursement this Period
1587.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32647
Amount of Each Disbursement this Period
803.40

Memo Item

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

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

2866.50

**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)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32648
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32649
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32651
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32650
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Service

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-32650
 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 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-34621
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 12 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 19 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 26 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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)..... ▶

[REDACTED] 244.02

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 02 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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 |
| 08 | | 09 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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 |
| 08 | | 16 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 23 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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 |
| 08 | | 30 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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 |
| 09 | | 06 | | 2019 |

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34626
Amount of Each Disbursement this Period

[] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement
State Withholding

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-34627
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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