

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

AMERICANS FOR THE CURE OF BREAST CANCER

ADDRESS (number and street) 8444 COUNTY RD M

Check if different than previously reported. (ACC)

Fredonia

WI

53021

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00660233

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY 01 / 01 / 2018

through

MM / DD / YYYY 03 / 31 / 2018

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

Piario, Robert, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Piario, Robert, , ,

[Electronically Filed]

Date

MM / DD / YYYY 06 / 04 / 2018

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="312.00"/>	<input type="text" value="312.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="312.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="196780.00"/>	<input type="text" value="196780.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="197092.00"/>	<input type="text" value="197092.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="134775.85"/>	<input type="text" value="134775.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62316.15"/>	<input type="text" value="62316.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=".00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=".00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

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

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

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	196780.00	196780.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	196780.00	196780.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	134775.85	134775.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	134775.85	134775.85

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)

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

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

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

A. Studeman, Kenneth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65523 N Centerville Rd

City Sturgis	State MI	Zip Code 49091
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2018

Transaction ID : SA11Ai-CN1280

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1320 Robin Rd

City Pikesville	State MD	Zip Code 21208
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2018

Transaction ID : SA11Ai-CN934

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	450.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PNC		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX14
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Merchant Discount	Candidate Name	Amount of Each Disbursement this Period 312.00 Merchant Discount
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. PNC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX15
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Merchant Discount	Candidate Name	Amount of Each Disbursement this Period 31.50 Merchant Discount
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. PNC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX17
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Merchant Discount	Candidate Name	Amount of Each Disbursement this Period 31.74 Merchant Discount
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	375.24
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Return Deposit Item

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

Transaction ID : SB21b-EX20
Amount of Each Disbursement this Period

Return Deposit Item
 Memo Item

Full Name (Last, First, Middle Initial)

B. PNC

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Return Deposit Item

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

Transaction ID : SB21b-EX21
Amount of Each Disbursement this Period

Return Deposit Item
 Memo Item

Full Name (Last, First, Middle Initial)

C. PNC

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Chargeback

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 22 / 2018

FEC Identification Number

Transaction ID : SB21b-EX23
Amount of Each Disbursement this Period

Chargeback
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PNC		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX24
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Chargeback		Amount of Each Disbursement this Period 35.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. PNC		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX26
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Chargeback		Amount of Each Disbursement this Period 40.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 1835 E. Charleston Blvd. #4		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX27
City Las Vegas	State NV	Zip Code 89104
Purpose of Disbursement software licensing		Amount of Each Disbursement this Period 1337.12
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1412.12
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 1835 E. Charleston Blvd. #4		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX28 Amount of Each Disbursement this Period 7075.68 software licensing
City Las Vegas	State NV	Zip Code 89104
Purpose of Disbursement software licensing		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 03 / 21 / 2018
Mailing Address 1835 E. Charleston Blvd. #4		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX29 Amount of Each Disbursement this Period 10732.16 software licensing
City Las Vegas	State NV	Zip Code 89104
Purpose of Disbursement software licensing		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018
Mailing Address 1835 E. Charleston Blvd. #4		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX30 Amount of Each Disbursement this Period 27073.92 software licensing
City Las Vegas	State NV	Zip Code 89104
Purpose of Disbursement software licensing		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	44881.76
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd.
#4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement credit card payment 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
03 / 07 / 2018

FEC Identification Number

C []
Transaction ID : SB21b-EX31
Amount of Each Disbursement this Period
[] 1897.87

Memo Item credit card payment processing & verifications

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd.
#4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement credit card payment 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
03 / 14 / 2018

FEC Identification Number

C []
Transaction ID : SB21b-EX32
Amount of Each Disbursement this Period
[] 10043.04

Memo Item credit card payment processing & verifications

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd.
#4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement credit card payment 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
03 / 21 / 2018

FEC Identification Number

C []
Transaction ID : SB21b-EX33
Amount of Each Disbursement this Period
[] 15232.73

Memo Item credit card payment processing & verifications

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

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

[] 27173.64

[]

**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)
AMERICANS FOR THE CURE OF BREAST CANCER

A. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1835 E. Charleston Blvd.
#4

M M M	/	D D D	/	Y Y Y Y Y
03		28		2018

City Las Vegas State NV Zip Code 89104

FEC Identification Number

Purpose of Disbursement credit card payment processing & verifications

001
Category/Type

C

Transaction ID : SB21b-EX34

Amount of Each Disbursement this Period

38427.59

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

credit card payment processing & verifications
 Memo Item

B. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1835 E Charleston Blvd
#4

M M M	/	D D D	/	Y Y Y Y Y
03		07		2018

City Las Vegas State NV Zip Code 89104

FEC Identification Number

Purpose of Disbursement mailers databasing and caging

003
Category/Type

C

Transaction ID : SB21b-EX35

Amount of Each Disbursement this Period

647.40

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

mailers databasing and caging
 Memo Item

C. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1835 E Charleston Blvd
#4

M M M	/	D D D	/	Y Y Y Y Y
03		14		2018

City Las Vegas State NV Zip Code 89104

FEC Identification Number

Purpose of Disbursement mailers databasing and caging

003
Category/Type

C

Transaction ID : SB21b-EX36

Amount of Each Disbursement this Period

3424.20

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

mailers databasing and caging
 Memo Item

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

42499.19

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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd
#4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
mailers databasing and caging

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-EX37
Amount of Each Disbursement this Period

mailers databasing and caging

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd
#4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
mailers databasing and caging

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-EX38
Amount of Each Disbursement this Period

mailers databasing and caging

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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