

# 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) **342 N. WATER STREET STE 600**  
Check if different than previously reported. (ACC) **MILWAUKEE WI 53202**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00622472** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2018 through  /  /  2018

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

Signature of Treasurer Piaro, Robert, , , [Electronically Filed] Date  /  /  2021

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="2018"/>	<input type="text" value="17488.47"/>	<input type="text" value="17488.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36350.71"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="686106.35"/>	<input type="text" value="1406718.28"/>
(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="722457.06"/>	<input type="text" value="1424206.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="637595.73"/>	<input type="text" value="1339345.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84861.33"/>	<input type="text" value="84861.33"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**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).....	14005.00	43431.99
(ii) Unitemized .....	672101.35	1363286.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	686106.35	1406718.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	686106.35	1406718.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	686106.35	1406718.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	686106.35	1406718.28

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	635285.73	1335195.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	635285.73	1335195.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2310.00	4150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2310.00	4150.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	637595.73	1339345.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	637595.73	1339345.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	686106.35	1406718.28
34. Total Contribution Refunds (from Line 28(d)) .....	2310.00	4150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	683796.35	1402568.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	635285.73	1335195.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	635285.73	1335195.42

: 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:

This chain of amendments covering the 2017, 2018, and 2019 years, address both the concerns and requests of the audit, as well as responding and satisfying the RFAI due 1/13/2021. Regarding the Audit, these amendments address Attachment A, Attachment B, and Attachment C Part 2.

**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 170
	<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. BALLARD, ALLEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7401 EASTMORELAND RD  
 APT 728  
 City ANNANDALE State VA Zip Code 22003  
 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 06 / 18 / 2018  
**Transaction ID : SA11AI-19063743**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. BLUMBERG, EDWARD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 278  
 City NIXON State TX Zip Code 78140  
 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 05 / 03 / 2018  
**Transaction ID : SA11AI-19053459**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. BONNETT, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5933 PALENCIA DR  
 City RIVERSIDE State CA Zip Code 92509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REGISTERED NURSE Occupation (for Individual) SATELLITE HEALTH CARE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 23 / 2018  
**Transaction ID : SA11AI-19051870**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	910.00
<b>TOTAL</b> 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 170
	<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. CARR, DAYTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 424 E 52ND ST  
 APT 7C  
 City NEW YORK State NY Zip Code 10022  
 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 **04 / 19 / 2018**  
**Transaction ID : SA11AI-19051443**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. CHANNELL, CAMERON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1190 DICKINSON RD  
 City SMITHFIELD State NC Zip Code 27577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grifols Occupation (for Individual) Facility Director/Center Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **06 / 13 / 2018**  
**Transaction ID : SA11AI-19062082**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. DILLINGHAM, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13502 KINGSRIDE LN  
 City HOUSTON State TX Zip Code 77079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Unemployed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 14 / 2018**  
**Transaction ID : SA11AI-19062729**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 170
	<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. DONACHY, CHUCK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 THORNWOOD DR  
 City MOUNT LAUREL State NJ Zip Code 08054  
 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 06 / 08 / 2018  
**Transaction ID : SA11AI-19059476**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. DONACHY, CHUCK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 THORNWOOD DR  
 City MOUNT LAUREL State NJ Zip Code 08054  
 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 06 / 25 / 2018  
**Transaction ID : SA11AI-19067002**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. EDGE, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1635 MASON KING  
 City SAN ANTONIO State TX Zip Code 78260  
 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 06 / 05 / 2018  
**Transaction ID : SA11AI-19056989**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> 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 170
	<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. ELLIS, SONDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 8

City BOULDER	State WY	Zip Code 82923
-----------------	-------------	-------------------

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  
 06 / 20 / 2018  
**Transaction ID : SA11AI-19065373**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. ELLIS, DEBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4403 BEECHNUT ST

City BIG SPRING	State TX	Zip Code 79720
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 06 / 20 / 2018  
**Transaction ID : SA11AI-19065268**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. ELWELL, WILLIAM G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8428 18TH AVE SW

City SEATTLE	State WA	Zip Code 98106
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 06 / 21 / 2018  
**Transaction ID : SA11AI-19065953**

Amount of Each Receipt this Period  
160.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.00
<b>TOTAL</b> 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 170
	<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. FANNIN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 SAILFISH ST  
 City HITCHCOCK State TX Zip Code 77563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 25 / 2018**  
**Transaction ID : SA11AI-19052538**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. FORD, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 KINWOOD CT  
 City HENDERSONVILLE State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) doTERRA Occupation (for Individual) Presidential Diamond Wellness Advoca  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 17 / 2018**  
**Transaction ID : SA11AI-19054837**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. GIBSON, VALERIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1467 OLIVE HILL AVE NW  
 City CONCORD State NC Zip Code 28027  
 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 **06 / 14 / 2018**  
**Transaction ID : SA11AI-19062732**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510.00
<b>TOTAL</b> 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 170
	<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. GOLA, KRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 W FOOTHILLS DR  
 City DRUMS State PA Zip Code 18222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) DISCIPLINE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 30 / 2018  
**Transaction ID : SA11AI-19055830**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. HAYSLIP, DEBORAH M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 BRYANT HILL RD  
 City WOODLAND State WA Zip Code 98674  
 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 05 / 28 / 2018  
**Transaction ID : SA11AI-19055620**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. IHRY, KENT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 134  
 City HOPE State ND Zip Code 58046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kent Ihry Occupation (for Individual) Wheat Farming  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11AI-19059469**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> 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 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JONES, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6810 PARK HEIGHTS AVE  
 APT 207  
 City BALTIMORE State MD Zip Code 21215  
 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 05 / 23 / 2018  
**Transaction ID : SA11AI-19055319**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. JONES, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6810 PARK HEIGHTS AVE  
 APT 207  
 City BALTIMORE State MD Zip Code 21215  
 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 06 / 13 / 2018  
**Transaction ID : SA11AI-19062089**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. KEENE, MARISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 946 WILLOW OAK LOOP  
 City MINNEOLA State FL Zip Code 34715  
 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 04 / 23 / 2018  
**Transaction ID : SA11AI-19051869**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510.00
<b>TOTAL</b> 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 170
	<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. KELLERMAN, SHELBY K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 W TERRACE CT  
 City ALEDO State TX Zip Code 76008  
 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 06 / 12 / 2018  
**Transaction ID : SA11AI-19061414**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. KINES, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 653  
 City CANTON State TX Zip Code 75103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KD SERVICES Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11AI-19059466**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. KLEPFER, ROBIN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 E 63RD ST  
 City INDIANAPOLIS State IN Zip Code 46236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISABLE Occupation (for Individual) DISABILITY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : SA11AI-19055003**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 170
<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. KUETTNER, CAROL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4936 BIRCH LAKE CIR  
 City SAINT PAUL State MN Zip Code 55110  
 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 06 / 01 / 2018  
**Transaction ID : SA11AI-19056137**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. KURTZ, MARCIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 MUSEUM WAY APT 806  
 City FORT WORTH State TX Zip Code 76107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 03 / 2018  
**Transaction ID : SA11AI-19053458**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. LARA, HECTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6242 SUWANEE DAM RD  
 City SUGAR HILL State GA Zip Code 30518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI-19048907**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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 170
	<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. LONSDORF, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 216 PENN AVE  
 City HAWLEY State PA Zip Code 18428  
 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 05 / 14 / 2018  
**Transaction ID : SA11AI-19054299**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. MCCORD, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16021 SHROPSHIRE DR SE  
 City HUNTSVILLE State AL Zip Code 35803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alabama Medical Education Consortium Occupation (for Individual) program coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2018  
**Transaction ID : SA11AI-19064718**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. MOORE, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1532 MICHIGAN AVE  
 City LA PORTE State IN Zip Code 46350  
 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 05 / 21 / 2018  
**Transaction ID : SA11AI-19054998**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 170
	<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. NEUFELD, CARL R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6342 HIGHGATE LN  
 City DALLAS State TX Zip Code 75214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teacher Occupation (for Individual) Southern Methodist University  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : SA11AI-19063147**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. OBENCHAIN, ALICE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 SAVANNAH CT  
 City DALEVILLE State VA Zip Code 24083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVERETT UNIVERSITY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11AI-19059468**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. OLSEN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2308 E 9TH ST  
 City VANCOUVER State WA Zip Code 98661  
 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 06 / 07 / 2018  
**Transaction ID : SA11AI-19058750**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 170
<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. PEEK, CATHERINE L, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5175 SONOMA MOUNTAIN RD

City SANTA ROSA	State CA	Zip Code 95404
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) WRITER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2018

**Transaction ID : SA11AI-19060351**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. REIN III, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 SKI HILL RD

City TWO HARBORS	State MN	Zip Code 55616
---------------------	-------------	-------------------

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

Name of Employer (for Individual) QIS INSPECTION	Occupation (for Individual) INSPECTOR
---	--

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
06	/	22	/	2018

**Transaction ID : SA11AI-19066385**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. RUSSEL, STEPHANIE K, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 50187

City PARKS	State AZ	Zip Code 86018
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2018

**Transaction ID : SA11AI-19053463**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 170
	<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. SAUNDERS, ZACHARY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 323 MYRTLE ST  
 City MANCHESTER State NH Zip Code 03104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REDEMPTION SERVICES Occupation (for Individual) LOAN OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11AI-19059467**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. SCOTT, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 KRISTIN PL  
 City OLD TAPPAN State NJ Zip Code 07675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRONWELL Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11AI-19047154**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. SNOWDEN, NAOMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5929 E 87TH ST  
 City TULSA State OK Zip Code 74137  
 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 05 / 11 / 2018  
**Transaction ID : SA11AI-19054269**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 170
<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. SNOWDEN, NAOMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5929 E 87TH ST  
 City TULSA State OK Zip Code 74137  
 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 06 / 13 / 2018  
**Transaction ID : SA11AI-19062084**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. STANFORD, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9025  
 City VERHALEN State TX Zip Code 79772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Entrepreneur Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2018  
**Transaction ID : SA11AI-19049169**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. STEWART, LORETTA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 DRIFTWOOD RD  
 City BRIDGEPORT State WV Zip Code 26330  
 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 04 / 02 / 2018  
**Transaction ID : SA11AI-19047155**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 170
<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. STICH, TIMOTHY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address S42W32746 GATE KEEPER DR  
 City WAUKESHA State WI Zip Code 53189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CATHEDRAL WOODWORK Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11AI-19056988**  
 Amount of Each Receipt this Period 300.00  
 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 ▼ 340.00

Date of Receipt 06 / 18 / 2018  
**Transaction ID : SA11AI-19063745**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. THOMAS, VALENCIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11519 SANDHURST DR  
 City HOUSTON State TX Zip Code 77048  
 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 06 / 01 / 2018  
**Transaction ID : SA11AI-19056136**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 170
	<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. TURISSINI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 REFLECTION CT  
 City GARDNERVILLE State NV Zip Code 89460  
 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 05 / 03 / 2018  
**Transaction ID : SA11AI-19053457**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. VIRANT, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 E 58TH ST  
 City SAVANNAH State GA Zip Code 31405  
 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 ▼ 420.00

Date of Receipt 06 / 22 / 2018  
**Transaction ID : SA11AI-19066386**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. WOLF, KARI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1324 NORTHRIDGE TER  
 City JOPLIN State MO Zip Code 64801  
 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 ▼ 500.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11AI-19056987**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 170
<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. WOOSTER, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6308 BURGUNDY ST  
 City GREELEY State CO Zip Code 80634  
 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 04 / 23 / 2018  
**Transaction ID : SA11AI-19051871**  
 Amount of Each Receipt this Period 220.00  
 Memo Item

**B. WORTHINGTON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7511 MILAN AVE  
 City SAINT LOUIS State MO Zip Code 63130  
 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 05 / 23 / 2018  
**Transaction ID : SA11AI-19055317**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 3PM DESIGN**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6011 KENDRICK DR  
 City RIVERSIDE State CA Zip Code 92507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWNER Occupation (for Individual) 3PM DESIGN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : SA11AI-19054519**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 170
	<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. ALBERELLO IMPORTS LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7006 STATEPOINT CT  
 SUITE F  
 City WINTER PARK State FL Zip Code 32792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINE IMPORTER Occupation (for Individual) ALBERELLO IMPORTS LLC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 06 / 2018  
**Transaction ID : SA11AI-19057765**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. EAST & WEST RECONSTRUCTION LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1536 SW 13TH CT  
 City POMPANO BEACH State FL Zip Code 33069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWNER Occupation (for Individual) EAST & WEST RECONSTRUCTION L  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2018  
**Transaction ID : SA11AI-19052510**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. HERNANDEZ DAUGHTERS LANDSCAPING**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10250 LYNN RIC DR  
 City UPPER MARLBORO State MD Zip Code 20772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HERNANDEZ DAUGHTERS LANDSCAPING Occupation (for Individual) LANDSCAPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : SA11AI-19054503**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 170
	<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. RL CONCRETE INC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 FERRY ST  
 STE B  
 City SOUTH RIVER State NJ Zip Code 08882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWNER Occupation (for Individual) RL CONCRETE INC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2018  
**Transaction ID : SA11AI-19053265**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. ROLLY MARINE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2551 W STATE ROAD 84  
 City FT LAUDERDALE State FL Zip Code 33312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rolly Marine Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2018  
**Transaction ID : SA11AI-19068976**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. TURNER SUPPLY CO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 N ROYAL ST  
 City MOBILE State AL Zip Code 36602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TURNER SUPPLY CO Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : SA11AI-19056100**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 170  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. WHITEHEAD PLUMBING**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 655

City APACHE	State OK	Zip Code 73006
----------------	-------------	-------------------

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

Name of Employer (for Individual) OWNER	Occupation (for Individual) WHITEHEAD PLUMBING
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		20		2018

**Transaction ID : SA11AI-19065288**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.**  
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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14005.00

**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) <b>A. Austin, Peter, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018	
Mailing Address 1210 Hickory Drive		FEC Identification Number C [REDACTED]	
City Waukesha	State WI	Zip Code 53186	Transaction ID : <b>SB21B-37102</b>
Purpose of Disbursement Payroll check		Category/Type 001	Amount of Each Disbursement this Period 191.64
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>B. Austin, Peter, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 1210 Hickory Drive		FEC Identification Number C [REDACTED]	
City Waukesha	State WI	Zip Code 53186	Transaction ID : <b>SB21B-10549</b>
Purpose of Disbursement payroll dir dep		Category/Type 001	Amount of Each Disbursement this Period 900.41
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Austin, Peter, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 1210 Hickory Drive		FEC Identification Number C [REDACTED]	
City Waukesha	State WI	Zip Code 53186	Transaction ID : <b>SB21B-10549</b>
Purpose of Disbursement payroll dir dep		Category/Type 001	Amount of Each Disbursement this Period 992.77
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	191.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	20	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10550

Amount of Each Disbursement this Period

854.23

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	27	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10550

Amount of Each Disbursement this Period

969.68

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

Purpose of Disbursement  
payroll dir dep

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
05	/	04	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10550

Amount of Each Disbursement this Period

900.41

Paid via payroll company NatPay

Memo Item

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

0.00

**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) <b>A. Austin, Peter, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 09 / 2018	
Mailing Address 1210 Hickory Drive				
City Waukesha	State WI	Zip Code 53186	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll			Transaction ID : <b>SB21B-37103</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 457.78	
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>B. Austin, Peter, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 1210 Hickory Drive				
City Waukesha	State WI	Zip Code 53186	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll dir dep			Transaction ID : <b>SB21B-10550</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 969.68	
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) ▼		Paid via payroll company NatPay	
State: District:				
Memo Item <input checked="" type="checkbox"/>				

Full Name (Last, First, Middle Initial) <b>C. Austin, Peter, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 1210 Hickory Drive				
City Waukesha	State WI	Zip Code 53186	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll dir dep			Transaction ID : <b>SB21B-10551</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 900.41	
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) ▼		Paid via payroll company NatPay	
State: District:				
Memo Item <input checked="" type="checkbox"/>				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 457.78
<b>TOTAL</b> 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. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10551

Amount of Each Disbursement this Period

[REDACTED] 1015.85

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

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	6		0	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10551

Amount of Each Disbursement this Period

[REDACTED] 854.24

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

Purpose of Disbursement  
Payroll check

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-3710:

Amount of Each Disbursement this Period

[REDACTED] 269.83

Memo Item

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

[REDACTED] 269.83

**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. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

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	6		0	8		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-10551**

Amount of Each Disbursement this Period

9	0	0	.	4	1
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Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

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	6		1	5		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-10551**

Amount of Each Disbursement this Period

9	1	.	4	2
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City  
Milwaukee

State  
WI

Zip Code  
53206

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-10551**

Amount of Each Disbursement this Period

2	1	6	.	0	4
---	---	---	---	---	---

Memo Item

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

3	0	7	.	4	6
---	---	---	---	---	---

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

3	0	7	.	4	6
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

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-12401**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

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-10556**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

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-10556**  
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) <b>A. Bent, Thomas B, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 2875 N 25th St				
City Milwaukee	State WI	Zip Code 53206	FEC Identification Number C	
Purpose of Disbursement payroll			Transaction ID : <b>SB21B-10556</b>	
Candidate Name			Amount of Each Disbursement this Period 245.76	
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>B. Bent, Thomas B, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 2875 N 25th St				
City Milwaukee	State WI	Zip Code 53206	FEC Identification Number C	
Purpose of Disbursement payroll			Transaction ID : <b>SB21B-10556</b>	
Candidate Name			Amount of Each Disbursement this Period 123.43	
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>C. Bent, Thomas B, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 2875 N 25th St				
City Milwaukee	State WI	Zip Code 53206	FEC Identification Number C	
Purpose of Disbursement payroll			Transaction ID : <b>SB21B-10556</b>	
Candidate Name			Amount of Each Disbursement this Period 135.13	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	504.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

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  
05 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10557  
Amount of Each Disbursement this Period  
100.46

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

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  
05 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10557  
Amount of Each Disbursement this Period  
130.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

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  
06 / 01 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10557  
Amount of Each Disbursement this Period  
175.90

Memo Item

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

406.41

**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. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

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	6		0	8		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10557

Amount of Each Disbursement this Period

1	8	1	5	1
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street #318

City West Allis

State WI

Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10557

Amount of Each Disbursement this Period

4	8	7	4	5
---	---	---	---	---

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street #318

City West Allis

State WI

Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10557

Amount of Each Disbursement this Period

4	2	8	0	6
---	---	---	---	---

Paid via payroll company NatPay

Memo Item

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

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

1	8	1	5	1
---	---	---	---	---

1	8	1	5	1
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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) <b>A. Biebescheimer, Robin, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 1422 S 92nd Street #318			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10558</b> Amount of Each Disbursement this Period [REDACTED] 433.00 Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item	
City West Allis	State WI	Zip Code 53214	Category/Type 001	
Purpose of Disbursement payroll dir dep		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			
Full Name (Last, First, Middle Initial) <b>B. Biebescheimer, Robin, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 1422 S 92nd Street #318			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10558</b> Amount of Each Disbursement this Period [REDACTED] 532.55 Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item	
City West Allis	State WI	Zip Code 53214	Category/Type 001	
Purpose of Disbursement payroll dir dep		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			
Full Name (Last, First, Middle Initial) <b>C. Biebescheimer, Robin, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 1422 S 92nd Street #318			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10558</b> Amount of Each Disbursement this Period [REDACTED] 429.34 Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item	
City West Allis	State WI	Zip Code 53214	Category/Type 001	
Purpose of Disbursement payroll dir dep		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 0.00	
<b>TOTAL</b> 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. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City West Allis State WI Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10558

Amount of Each Disbursement this Period

392.08

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City West Allis State WI Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10559

Amount of Each Disbursement this Period

428.04

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City West Allis State WI Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10558

Amount of Each Disbursement this Period

433.00

Paid via payroll company NatPay

Memo Item

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

0.00

**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) <b>A. Biebescheimer, Robin, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 1422 S 92nd Street #318		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10559</b>	
City West Allis	State WI	Zip Code 53214	Amount of Each Disbursement this Period [REDACTED] 411.11
Purpose of Disbursement payroll		Category/Type 001	Paid via payroll company NatPay
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Biebescheimer, Robin, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 1422 S 92nd Street #318		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10559</b>	
City West Allis	State WI	Zip Code 53214	Amount of Each Disbursement this Period [REDACTED] 319.83
Purpose of Disbursement payroll		Category/Type 001	Paid via payroll company NatPay
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Blair, Daniel T, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018	
Mailing Address 6914 W Lincoln Ave #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1240;</b>	
City West Allis	State WI	Zip Code 53219	Amount of Each Disbursement this Period [REDACTED] 77.58
Purpose of Disbursement Payroll		Category/Type 001	Memo Item
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 77.58
<b>TOTAL</b> 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. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number  
  
Transaction ID : SB21B-10565  
Amount of Each Disbursement this Period

Paid via payroll company NatPay  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number  
  
Transaction ID : SB21B-10566  
Amount of Each Disbursement this Period

Paid via payroll company NatPay  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number  
  
Transaction ID : SB21B-10566  
Amount of Each Disbursement this Period

Paid via payroll company NatPay  
 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) <b>A. Blair, Daniel T, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 6914 W Lincoln Ave #11			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10566</b> Amount of Each Disbursement this Period 92.35	
City West Allis	State WI	Zip Code 53219	Purpose of Disbursement payroll dir dep Category/Type 001	
Purpose of Disbursement payroll dir dep	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:	Memo Item <input checked="" type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>B. Blair, Daniel T, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 6914 W Lincoln Ave #11			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10566</b> Amount of Each Disbursement this Period 70.19	
City West Allis	State WI	Zip Code 53219	Purpose of Disbursement payroll dir dep Category/Type 001	
Purpose of Disbursement payroll dir dep	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:	Memo Item <input checked="" type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>C. Blair, Daniel T, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 6914 W Lincoln Ave #11			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10566</b> Amount of Each Disbursement this Period 128.41	
City West Allis	State WI	Zip Code 53219	Purpose of Disbursement payroll dir dep Category/Type 001	
Purpose of Disbursement payroll dir dep	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:	Memo Item <input checked="" type="checkbox"/>			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B-10567**  
Amount of Each Disbursement this Period

Paid via payroll company NatPay  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B-10567**  
Amount of Each Disbursement this Period

Paid via payroll company NatPay  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B-10567**  
Amount of Each Disbursement this Period

Paid via payroll company NatPay  
 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. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

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-10567**  
Amount of Each Disbursement this Period

Memo Item Paid via payroll company NatPay

Full Name (Last, First, Middle Initial)

**B. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10560**  
Amount of Each Disbursement this Period

Memo Item Paid via payroll company NatPay

Full Name (Last, First, Middle Initial)

**C. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10561**  
Amount of Each Disbursement this Period

Memo Item Paid via payroll company NatPay

**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. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10560

Amount of Each Disbursement this Period

42.49

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10561

Amount of Each Disbursement this Period

68.33

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10561

Amount of Each Disbursement this Period

90.51

Paid via payroll company NatPay

Memo Item

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

0.00

**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. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10562  
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10562  
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10562  
Amount of Each Disbursement this Period

Paid via payroll company NatPay

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. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10563

Amount of Each Disbursement this Period

96.05

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10563

Amount of Each Disbursement this Period

75.72

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cappleman, Mandy J, , ,**

Mailing Address 1816 15th Ave S

City Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10544

Amount of Each Disbursement this Period

74.81

Memo Item

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

74.81

**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) <b>A. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10546</b> Amount of Each Disbursement this Period [REDACTED] 153.53	
City Milwaukee	State WI	Zip Code 53172	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>B. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10547</b> Amount of Each Disbursement this Period [REDACTED] 151.11	
City Milwaukee	State WI	Zip Code 53172	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>C. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10548</b> Amount of Each Disbursement this Period [REDACTED] 135.64	
City Milwaukee	State WI	Zip Code 53172	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)..... ▶

440.28

**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) <b>A. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10548</b> Amount of Each Disbursement this Period [REDACTED] 88.66	
City Milwaukee	State WI	Zip Code 53172	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Dolister, Brian, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 3751 E Planking Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10534</b> Amount of Each Disbursement this Period [REDACTED] 65.79	
City Cudahy	State WI	Zip Code 53115	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Dolister, Brian, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-3710:</b> Amount of Each Disbursement this Period [REDACTED] 67.98	
City Cudahay	State WI	Zip Code 53115	Category/Type 001
Purpose of Disbursement Payroll check			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 222.43
<b>TOTAL</b> 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) <b>A. Dolister, Brian, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 3751 E Planking Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10534</b> Amount of Each Disbursement this Period [REDACTED] 127.48	
City Cudahy	State WI	Zip Code 53115	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dolister, Brian, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 3751 E Planking Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10535</b> Amount of Each Disbursement this Period [REDACTED] 88.31 Paid via payroll company NatPay	
City Cudahy	State WI	Zip Code 53115	Category/ Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dolister, Brian, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 3751 E Planking Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1053!</b> Amount of Each Disbursement this Period [REDACTED] 83.36 Paid via payroll company NatPay	
City Cudahy	State WI	Zip Code 53115	Category/ Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 127.48
<b>TOTAL</b> 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. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10535

Amount of Each Disbursement this Period

[REDACTED] 184.54

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10535

Amount of Each Disbursement this Period

[REDACTED] 69.26

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10535

Amount of Each Disbursement this Period

[REDACTED] 132.38

Paid via payroll company NatPay

Memo Item

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

[REDACTED] 0.00

**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**

**A. Dolister, Brian, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 25 / 2018

FEC Identification Number C

Transaction ID : SB21B-10536

Amount of Each Disbursement this Period 165.56

Paid via payroll company NatPay

Memo Item

**B. Dolister, Brian, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 06 / 01 / 2018

FEC Identification Number C

Transaction ID : SB21B-10536

Amount of Each Disbursement this Period 140.28

Paid via payroll company NatPay

Memo Item

**C. Dolister, Brian, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 06 / 08 / 2018

FEC Identification Number C

Transaction ID : SB21B-10536

Amount of Each Disbursement this Period 54.71

Paid via payroll company NatPay

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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

MM / DD / YYYY  
04 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-12399  
Amount of Each Disbursement this Period  
383.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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

MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10563  
Amount of Each Disbursement this Period  
424.49

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10564  
Amount of Each Disbursement this Period  
381.20

Memo Item

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

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

1189.42

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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  
04 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10564  
Amount of Each Disbursement this Period  
285.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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  
04 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10564  
Amount of Each Disbursement this Period  
79.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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  
05 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10564  
Amount of Each Disbursement this Period  
392.74

Memo Item

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

758.38

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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-10564**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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-10565**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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-10566**  
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. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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  
06 / 01 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10565  
Amount of Each Disbursement this Period  
345.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

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  
06 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10565  
Amount of Each Disbursement this Period  
274.93

Memo Item

Full Name (Last, First, Middle Initial)

**C. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue Apt 2

City South Milwaukee

State WI

Zip Code 53172

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-1054  
Amount of Each Disbursement this Period  
382.29  
Paid via payroll company NatPay

Memo Item

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

620.34

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10545</b> Amount of Each Disbursement this Period [REDACTED] 148.94	
City South Milwaukee	State WI	Zip Code 53172	Purpose of Disbursement payroll dir dep Category/Type 001	
Purpose of Disbursement payroll dir dep	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) ▼		Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>B. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10545</b> Amount of Each Disbursement this Period [REDACTED] 136.68	
City South Milwaukee	State WI	Zip Code 53172	Purpose of Disbursement payroll dir dep Category/Type 001	
Purpose of Disbursement payroll dir dep	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) ▼		Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>C. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period [REDACTED] 108.98	
City South Milwaukee	State WI	Zip Code 53172	Purpose of Disbursement payroll dir dep Category/Type 001	
Purpose of Disbursement payroll dir dep	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) ▼		Memo Item <input checked="" type="checkbox"/>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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) <b>A. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10546</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 277.85	
Purpose of Disbursement payroll dir dep		Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10547</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 581.61	
Purpose of Disbursement payroll dir dep		Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10547</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 399.03	
Purpose of Disbursement payroll dir dep		Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll dir dep

001

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10548

Amount of Each Disbursement this Period

[REDACTED] 230.66

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

001

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10549

Amount of Each Disbursement this Period

[REDACTED] 125.53

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

001

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10548

Amount of Each Disbursement this Period

[REDACTED] 200.62

Paid via payroll company NatPay

Memo Item

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

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

[REDACTED] 0.00

[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**

**A. Hammen, Michelle, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

Date of Disbursement: MM / DD / YYYY  
04 / 06 / 2018

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10528

Amount of Each Disbursement this Period: 115.43

Paid via payroll company NatPay

Memo Item

**B. Hammen, Michelle, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

Date of Disbursement: MM / DD / YYYY  
04 / 13 / 2018

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10528

Amount of Each Disbursement this Period: 115.44

Paid via payroll company NatPay

Memo Item

**C. Hammen, Michelle, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

Date of Disbursement: MM / DD / YYYY  
04 / 20 / 2018

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10528

Amount of Each Disbursement this Period: 115.44

Paid via payroll company NatPay

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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**

**A. Hammen, Michelle, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

Date of Disbursement: MM / DD / YYYY  
04 / 27 / 2018

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10529

Amount of Each Disbursement this Period: 416.43

Paid via payroll company NatPay

Memo Item

**B. Hammen, Michelle, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

Date of Disbursement: MM / DD / YYYY  
05 / 25 / 2018

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10530

Amount of Each Disbursement this Period: 209.06

Paid via payroll company NatPay

Memo Item

**C. Hammen, Michelle, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

Date of Disbursement: MM / DD / YYYY  
06 / 01 / 2018

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:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10531

Amount of Each Disbursement this Period: 209.07

Paid via payroll company NatPay

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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) <b>A. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10531</b> Amount of Each Disbursement this Period [REDACTED] 209.07	
Purpose of Disbursement payroll		Category/Type 001		
Candidate Name		Paid via payroll company NatPay		
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 checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 15 / 2018	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10531</b> Amount of Each Disbursement this Period [REDACTED] 209.07	
Purpose of Disbursement payroll		Category/Type 001		
Candidate Name		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>C. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 22 / 2018	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10531</b> Amount of Each Disbursement this Period [REDACTED] 209.06	
Purpose of Disbursement payroll		Category/Type 001		
Candidate Name		Paid via payroll company NatPay		
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 checked="" type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 209.07
<b>TOTAL</b> 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) <b>A. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10532</b> Amount of Each Disbursement this Period [REDACTED] 209.06	
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 checked="" type="checkbox"/>
State: District:	Paid via payroll company NatPay		

Full Name (Last, First, Middle Initial) <b>B. Harris, Thomas O, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018	
Mailing Address 828A W Galena St #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-12400</b> Amount of Each Disbursement this Period [REDACTED] 344.12	
City Milwaukee	State WI	Zip Code 53205	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>C. Harris, Thomas O, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 828A W Galena St #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1055:</b> Amount of Each Disbursement this Period [REDACTED] 294.91	
City Milwaukee	State WI	Zip Code 53205	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 639.03
<b>TOTAL</b> 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) <b>A. Harris, Thomas O, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 13 / 2018	
Mailing Address 828A W Galena St #11				
City Milwaukee	State WI	Zip Code 53205		
Purpose of Disbursement payroll		Category/ Type 001	FEC Identification Number C <b>Transaction ID : SB21B-10554</b> Amount of Each Disbursement this Period 129.24	
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>B. Harris, Thomas O, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 20 / 2018	
Mailing Address 828A W Galena St #11				
City Milwaukee	State WI	Zip Code 53205		
Purpose of Disbursement payroll		Category/ Type 001	FEC Identification Number C <b>Transaction ID : SB21B-10554</b> Amount of Each Disbursement this Period 95.29	
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>C. Harris, Thomas O, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 27 / 2018	
Mailing Address 828A W Galena St #11				
City Milwaukee	State WI	Zip Code 53205		
Purpose of Disbursement payroll		Category/ Type 001	FEC Identification Number C <b>Transaction ID : SB21B-10554</b> Amount of Each Disbursement this Period 235.93	
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:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			460.46	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Harris, Thomas O, , ,**

Mailing Address 828A W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

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 Y Y  
05 / 04 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period  
2.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. Harris, Thomas O, , ,**

Mailing Address 828A W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

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 Y Y  
05 / 11 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period  
481.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. Harris, Thomas O, , ,**

Mailing Address 828A W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

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 Y Y  
05 / 18 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period  
223.16

Memo Item

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

707.26

**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. Harris, Thomas O, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 05 / 25 / 2018

Mailing Address 828A W Galena St #11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B-10555

Amount of Each Disbursement this Period: 523.67

Memo Item

**B. Harris, Thomas O, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 06 / 01 / 2018

Mailing Address 828A W Galena St #11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B-10555

Amount of Each Disbursement this Period: 250.73

Memo Item

**C. Harris, Thomas O, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 06 / 08 / 2018

Mailing Address 828A W Galena St #11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B-10555

Amount of Each Disbursement this Period: 134.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 908.73

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

**A. Huffman, Royce E, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2018

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-12399**  
Amount of Each Disbursement this Period

[REDACTED] 375.57

Memo Item

Purpose of Disbursement Payroll

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. Huffman, Royce E, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2018

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10551**  
Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item

Purpose of Disbursement payroll

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. Huffman, Royce E, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2018

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-1055;**  
Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item

Purpose of Disbursement payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

[REDACTED] 1134.81

**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. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

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

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10552

Amount of Each Disbursement this Period

383.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

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

MM / DD / YYYY  
05 / 01 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10552

Amount of Each Disbursement this Period

383.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

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

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10552

Amount of Each Disbursement this Period

383.68

Memo Item

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

1151.04

**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. Huffman, Royce E, , ,**

Date of Disbursement

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

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10552  
Amount of Each Disbursement this Period

377.59
--------

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Huffman, Royce E, , ,**

Date of Disbursement

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

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10553  
Amount of Each Disbursement this Period

379.62
--------

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Huffman, Royce E, , ,**

Date of Disbursement

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

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-1055:  
Amount of Each Disbursement this Period

375.56
--------

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

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

1132.77
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**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. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

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-10553**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

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-10553**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City South Milwaukee State WI Zip Code 53172

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-12401**  
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. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10544**  
Amount of Each Disbursement this Period  
[REDACTED] 217.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10545**  
Amount of Each Disbursement this Period  
[REDACTED] 354.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10544**  
Amount of Each Disbursement this Period  
[REDACTED] 282.13

Memo Item

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

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

8	5	4	0	1
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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. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10545**  
Amount of Each Disbursement this Period  
[REDACTED] 270.82

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10546**  
Amount of Each Disbursement this Period  
[REDACTED] 296.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10547**  
Amount of Each Disbursement this Period  
[REDACTED] 508.85

Memo Item

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

[REDACTED]	1075.76
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**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10547**  
Amount of Each Disbursement this Period  
[REDACTED] 223.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10548**  
Amount of Each Disbursement this Period  
[REDACTED] 173.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

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	6		0	1		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10548**  
Amount of Each Disbursement this Period  
[REDACTED] 230.88

Memo Item

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

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

6	2	7	.	0	6
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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. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

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
06			08			2018			

FEC Identification Number

C

Transaction ID : SB21B-10549

Amount of Each Disbursement this Period

164.61
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

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
04			03			2018			

FEC Identification Number

C

Transaction ID : SB21B-12402

Amount of Each Disbursement this Period

70.72
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

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
04			06			2018			

FEC Identification Number

C

Transaction ID : SB21B-10561

Amount of Each Disbursement this Period

283.15
--------

Memo Item

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

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

518.48
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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. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement payroll

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-10570**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement payroll

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-10570**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement payroll

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-10570**  
 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) <b>A. Martin, Kevin L, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 1820 W Wells Street			
City Milwaukee	State WI	Zip Code 53233	
Purpose of Disbursement payroll		<input type="text" value="001"/> Category/Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-10570</b> Amount of Each Disbursement this Period <input type="text" value="343.85"/>	
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>B. Martin, Kevin L, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 1820 W Wells Street			
City Milwaukee	State WI	Zip Code 53233	
Purpose of Disbursement payroll		<input type="text" value="001"/> Category/Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-10570</b> Amount of Each Disbursement this Period <input type="text" value="172.39"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Martin, Kevin L, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 1820 W Wells Street			
City Milwaukee	State WI	Zip Code 53233	
Purpose of Disbursement payroll		<input type="text" value="001"/> Category/Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-10570</b> Amount of Each Disbursement this Period <input type="text" value="103.87"/>	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="620.11"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement payroll

001

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10571**

Amount of Each Disbursement this Period

[REDACTED] 252.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement payroll

001

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10571**

Amount of Each Disbursement this Period

[REDACTED] 119.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement payroll

001

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10571**

Amount of Each Disbursement this Period

[REDACTED] 208.57

Memo Item

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

[REDACTED] 580.56

**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) <b>A. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 02 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : <b>SB21B-12400</b> Amount of Each Disbursement this Period [REDACTED] 260.61	
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>B. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : <b>SB21B-10559</b> Amount of Each Disbursement this Period [REDACTED] 114.24	
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>C. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : <b>SB21B-1056t</b> Amount of Each Disbursement this Period [REDACTED] 70.79	
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:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 445.64	
<b>TOTAL</b> 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. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10560**  
 Amount of Each Disbursement this Period  
 [REDACTED] 23.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10561**  
 Amount of Each Disbursement this Period  
 [REDACTED] 29.85

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10561**  
 Amount of Each Disbursement this Period  
 [REDACTED] 140.30

Memo Item

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

[REDACTED]	193.24
------------	--------

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

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

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

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10561

Amount of Each Disbursement this Period

[REDACTED] 22.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

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

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10562

Amount of Each Disbursement this Period

[REDACTED] 158.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

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

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-1056;

Amount of Each Disbursement this Period

[REDACTED] 260.04

Memo Item

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

[REDACTED] 441.50

**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) <b>A. Nowak, Justin, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 2038 S 30th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10563</b> Amount of Each Disbursement this Period [REDACTED] 218.05	
City Milwaukee	State WI	Zip Code 53215	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>B. Nowak, Justin, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 2038 S 30th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10563</b> Amount of Each Disbursement this Period [REDACTED] 196.41	
City Milwaukee	State WI	Zip Code 53215	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>C. Ostoich, Michael J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2018	
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1240t</b> Amount of Each Disbursement this Period [REDACTED] 360.06	
City Greendale	State WI	Zip Code 53129	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)..... ▶

774.52

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10536**  
 Amount of Each Disbursement this Period  
 [ ] 327.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10537**  
 Amount of Each Disbursement this Period  
 [ ] 403.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10537**  
 Amount of Each Disbursement this Period  
 [ ] 372.81

Memo Item

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

[ ] 1103.71
-------------

**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. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

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-10537**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

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-10538**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

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-10538**  
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. Ostoich, Michael J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 18 / 2018

FEC Identification Number C

Transaction ID : SB21B-10539

Amount of Each Disbursement this Period 370.14

Memo Item

**B. Ostoich, Michael J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 25 / 2018

FEC Identification Number C

Transaction ID : SB21B-10539

Amount of Each Disbursement this Period 390.10

Memo Item

**C. Ostoich, Michael J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2018

FEC Identification Number C

Transaction ID : SB21B-10539

Amount of Each Disbursement this Period 397.68

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1157.92

**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. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

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  
06 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10540  
Amount of Each Disbursement this Period  
310.54

Memo Item

Full Name (Last, First, Middle Initial)

**B. Petrovich, Michael V, , ,**

Mailing Address 6869 Crocus Court Apt 2

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll dir dep

001  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10536  
Amount of Each Disbursement this Period  
343.65  
Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Petrovich, Michael V, , ,**

Mailing Address 6869 Crocus Court Apt 2

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll dir dep

001  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10537  
Amount of Each Disbursement this Period  
367.08  
Paid via payroll company NatPay

Memo Item

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

310.54

**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) <b>A. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10537</b>
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement payroll dir dep	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 352.88	
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) ▼	Paid via payroll company NatPay
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10538</b>
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement payroll dir dep	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 385.81	
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) ▼	Paid via payroll company NatPay
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10538</b>
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement payroll dir dep	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 348.97	
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) ▼	Paid via payroll company NatPay
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10538</b>	
City Greendale	State WI	Zip Code 53129	Amount of Each Disbursement this Period 438.87
Purpose of Disbursement payroll dir dep		Category/ Type 001	Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item
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>B. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10539</b>	
City Greendale	State WI	Zip Code 53129	Amount of Each Disbursement this Period 352.88
Purpose of Disbursement payroll dir dep		Category/ Type 001	Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item
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>C. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10531</b>	
City Greendale	State WI	Zip Code 53129	Amount of Each Disbursement this Period 357.49
Purpose of Disbursement payroll dir dep		Category/ Type 001	Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

**A. Petrovich, Michael V, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6869 Crocus Court Apt 2

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2018

FEC Identification Number C

Transaction ID : SB21B-10540

Amount of Each Disbursement this Period 341.61

Paid via payroll company NatPay

Memo Item

**B. Petrovich, Michael V, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6869 Crocus Court Apt 2

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 08 / 2018

FEC Identification Number C

Transaction ID : SB21B-10540

Amount of Each Disbursement this Period 296.59

Paid via payroll company NatPay

Memo Item

**C. Piaro, Robert, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 06 / 2018

FEC Identification Number C

Transaction ID : SB21B-10521

Amount of Each Disbursement this Period 2141.77

Paid via payroll company NatPay

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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) <b>A. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED]	
City Fredonia	State WI	Zip Code 53021	Transaction ID : <b>SB21B-10528</b>
Purpose of Disbursement payroll dir dep		Category/ Type 001	Amount of Each Disbursement this Period 2141.76
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED]	
City Fredonia	State WI	Zip Code 53021	Transaction ID : <b>SB21B-10529</b>
Purpose of Disbursement payroll dir dep		Category/ Type 001	Amount of Each Disbursement this Period 2141.77
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED]	
City Fredonia	State WI	Zip Code 53021	Transaction ID : <b>SB21B-10525</b>
Purpose of Disbursement payroll dir dep		Category/ Type 001	Amount of Each Disbursement this Period 2141.77
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

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

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

0.00
[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. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10529

Amount of Each Disbursement this Period

[REDACTED]	765.08
------------	--------

Paid via payroll company NatPay

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 dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10529

Amount of Each Disbursement this Period

[REDACTED]	765.08
------------	--------

Paid via payroll company NatPay

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 dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10531

Amount of Each Disbursement this Period

[REDACTED]	535.08
------------	--------

Paid via payroll company NatPay

Memo Item

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

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

[REDACTED]	0.00
------------	------

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 8444 County Road M			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10530</b> Amount of Each Disbursement this Period [ ] 535.08 Paid via payroll company NatPay	
City Fredonia	State WI	Zip Code 53021	Category/Type 001	
Purpose of Disbursement payroll dir dep		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Candidate Name		
State: District:	Memo Item <input checked="" type="checkbox"/>			
Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 8444 County Road M			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10530</b> Amount of Each Disbursement this Period [ ] 535.09 Paid via payroll company NatPay	
City Fredonia	State WI	Zip Code 53021	Category/Type 001	
Purpose of Disbursement payroll		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Candidate Name		
State: District:	Memo Item <input checked="" type="checkbox"/>			
Full Name (Last, First, Middle Initial) <b>C. Piaro, Robert, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 8444 County Road M			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10531</b> Amount of Each Disbursement this Period [ ] 535.07 Paid via payroll company NatPay	
City Fredonia	State WI	Zip Code 53021	Category/Type 001	
Purpose of Disbursement payroll		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Candidate Name		
State: District:	Memo Item <input checked="" type="checkbox"/>			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 0.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## 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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10531

Amount of Each Disbursement this Period

[REDACTED] 535.09

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

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10532

Amount of Each Disbursement this Period

[REDACTED] 535.08

Paid via payroll company NatPay

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

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10533

Amount of Each Disbursement this Period

[REDACTED] 535.09

Paid via payroll company NatPay

Memo Item

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

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

[REDACTED] 535.09

[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) <b>A. Pintar, Bryan J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018
Mailing Address 6475 W English Meadows Drive E306		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10567</b>
City Greenfield	State WI	Zip Code 53220
Purpose of Disbursement payroll dir dep		Amount of Each Disbursement this Period 132.99
Candidate Name		Paid via payroll company NatPay
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Pintar, Bryan J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018
Mailing Address 6475 W English Meadows Drive E306		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10568</b>
City Greenfield	State WI	Zip Code 53220
Purpose of Disbursement payroll dir dep		Amount of Each Disbursement this Period 48.02
Candidate Name		Paid via payroll company NatPay
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Pintar, Bryan J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 6475 W English Meadows Drive E306		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10568</b>
City Greenfield	State WI	Zip Code 53220
Purpose of Disbursement payroll dir dep		Amount of Each Disbursement this Period 44.33
Candidate Name		Paid via payroll company NatPay
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City Greenfield State WI Zip Code 53220

Purpose of Disbursement payroll dir dep

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-10568**  
Amount of Each Disbursement this Period

Memo Item Paid via payroll company NatPay

Full Name (Last, First, Middle Initial)

**B. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City Greenfield State WI Zip Code 53220

Purpose of Disbursement payroll dir dep

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-10568**  
Amount of Each Disbursement this Period

Memo Item Paid via payroll company NatPay

Full Name (Last, First, Middle Initial)

**C. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City Greenfield State WI Zip Code 53220

Purpose of Disbursement payroll dir dep

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-10568**  
Amount of Each Disbursement this Period

Memo Item Paid via payroll company NatPay

**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) <b>A. Pintar, Bryan J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 6475 W English Meadows Drive E306			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10569</b> Amount of Each Disbursement this Period [ ] 94.20	
City Greenfield	State WI	Zip Code 53220	Category/Type 001	
Purpose of Disbursement payroll dir dep		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 checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay			

Full Name (Last, First, Middle Initial) <b>B. Pintar, Bryan J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 6475 W English Meadows Drive E306			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10569</b> Amount of Each Disbursement this Period [ ] 151.14	
City Greenfield	State WI	Zip Code 53220	Category/Type 001	
Purpose of Disbursement payroll dir dep		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 checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay			

Full Name (Last, First, Middle Initial) <b>C. Pintar, Bryan J, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 6475 W English Meadows Drive E306			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10569</b> Amount of Each Disbursement this Period [ ] 167.76	
City Greenfield	State WI	Zip Code 53220	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) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City  
Greenfield

State  
WI

Zip Code  
53220

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2018

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10569**  
Amount of Each Disbursement this Period  
[REDACTED] 110.82

Memo Item  
Paid via payroll company NatPay

Full Name (Last, First, Middle Initial)

**B. Ricco, Michael D, , ,**

Mailing Address 11440 NW 32nd PI

City  
Sunrise

State  
FL

Zip Code  
33323

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2018

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10525**  
Amount of Each Disbursement this Period  
[REDACTED] 300.00

Memo Item  
Paid via payroll company NatPay

Full Name (Last, First, Middle Initial)

**C. Ricco, Michael D, , ,**

Mailing Address 11440 NW 32nd PI

City  
Sunrise

State  
FL

Zip Code  
33323

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	13	/	2018

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period  
[REDACTED] 300.00

Memo Item  
Paid via payroll company NatPay

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

[REDACTED]	0.00
------------	------

**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**

**A. Ricco, Michael D, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 11440 NW 32nd Pl

City Sunrise State FL Zip Code 33323

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10526

Amount of Each Disbursement this Period: 300.00

Paid via payroll company NatPay

Memo Item

**B. Ricco, Michael D, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 11440 NW 32nd Pl

City Sunrise State FL Zip Code 33323

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10526

Amount of Each Disbursement this Period: 300.00

Paid via payroll company NatPay

Memo Item

**C. Ricco, Michael D, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 11440 NW 32nd Pl

City Sunrise State FL Zip Code 33323

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10526

Amount of Each Disbursement this Period: 300.00

Paid via payroll company NatPay

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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. Ricco, Michael D, , ,**

Mailing Address 11440 NW 32nd Pl

City  
Sunrise

State  
FL

Zip Code  
33323

Purpose of Disbursement  
payroll dir dep

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10526

Amount of Each Disbursement this Period

[REDACTED] 300.00

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ricco, Michael D, , ,**

Mailing Address 11440 NW 32nd Pl

City  
Sunrise

State  
FL

Zip Code  
33323

Purpose of Disbursement  
payroll dir dep

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10527

Amount of Each Disbursement this Period

[REDACTED] 300.00

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ricco, Michael D, , ,**

Mailing Address 11440 NW 32nd Pl

City  
Sunrise

State  
FL

Zip Code  
33323

Purpose of Disbursement  
payroll dir dep

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10527

Amount of Each Disbursement this Period

[REDACTED] 300.00

Paid via payroll company NatPay

Memo Item

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

[REDACTED] 0.00

**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) <b>A. Ricco, Michael D, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 11440 NW 32nd Pl		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10527</b>
City Sunrise	State FL	Zip Code 33323
Purpose of Disbursement payroll	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 300.00	
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 checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay	

Full Name (Last, First, Middle Initial) <b>B. Ricco, Michael D, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018
Mailing Address 11440 NW 32nd Pl		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10527</b>
City Sunrise	State FL	Zip Code 33323
Purpose of Disbursement payroll	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 300.00	
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 checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay	

Full Name (Last, First, Middle Initial) <b>C. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018
Mailing Address 520 Random Lake Rd. Apt 303		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1053;</b>
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll dir dep	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 114.84	
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 checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**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 dir dep

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-10532**  
Amount of Each Disbursement this Period

Paid via payroll company NatPay

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 dir dep

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-10533**  
Amount of Each Disbursement this Period

Paid via payroll company NatPay

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 dir dep

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-1053:**  
Amount of Each Disbursement this Period

Paid via payroll company NatPay

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. 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 dir dep

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 25 / 2018

FEC Identification Number C

Transaction ID : SB21B-10533

Amount of Each Disbursement this Period 208.29

Paid via payroll company NatPay

Memo Item

**B. Stetler, Melissa, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd.  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 06 / 01 / 2018

FEC Identification Number C

Transaction ID : SB21B-10533

Amount of Each Disbursement this Period 192.34

Paid via payroll company NatPay

Memo Item

**C. Stetler, Melissa, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd.  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 06 / 08 / 2018

FEC Identification Number C

Transaction ID : SB21B-10533

Amount of Each Disbursement this Period 192.34

Paid via payroll company NatPay

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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. 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-10534

Amount of Each Disbursement this Period

Paid via payroll company NatPay

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-10534

Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

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-10571

Amount of Each Disbursement this Period

Paid via payroll company NatPay

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. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10572

Amount of Each Disbursement this Period

478.47

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10572

Amount of Each Disbursement this Period

174.75

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10572

Amount of Each Disbursement this Period

301.95

Paid via payroll company NatPay

Memo Item

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

0.00

**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. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10572

Amount of Each Disbursement this Period

250.16

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10572

Amount of Each Disbursement this Period

366.34

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10572

Amount of Each Disbursement this Period

303.23

Paid via payroll company NatPay

Memo Item

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

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

0.00

**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. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

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-10573

Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll

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-10573

Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll

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-10573

Amount of Each Disbursement this Period

Paid via payroll company NatPay

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. Sullivan IV, William J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8825 S 11th Avenue

Date of Disbursement: MM / DD / YYYY  
04 / 06 / 2018

City: Oak Creek, State: WI, Zip Code: 53145

Purpose of Disbursement: payroll dir dep

Candidate Name

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10540

Amount of Each Disbursement this Period: 615.38

Paid via payroll company NatPay

Memo Item

**B. Sullivan IV, William J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8825 S 11th Avenue

Date of Disbursement: MM / DD / YYYY  
04 / 13 / 2018

City: Oak Creek, State: WI, Zip Code: 53145

Purpose of Disbursement: payroll dir dep

Candidate Name

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10541

Amount of Each Disbursement this Period: 652.05

Paid via payroll company NatPay

Memo Item

**C. Sullivan IV, William J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8825 S 11th Avenue

Date of Disbursement: MM / DD / YYYY  
04 / 20 / 2018

City: Oak Creek, State: WI, Zip Code: 53145

Purpose of Disbursement: payroll dir dep

Candidate Name

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : SB21B-10541

Amount of Each Disbursement this Period: 597.05

Paid via payroll company NatPay

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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) <b>A. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED]	
City Oak Creek	State WI	Zip Code 53145	Transaction ID : <b>SB21B-10541</b>
Purpose of Disbursement payroll dir dep		Category/ Type 001	Amount of Each Disbursement this Period 642.88
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED]	
City Oak Creek	State WI	Zip Code 53145	Transaction ID : <b>SB21B-10542</b>
Purpose of Disbursement payroll dir dep		Category/ Type 001	Amount of Each Disbursement this Period 615.39
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED]	
City Oak Creek	State WI	Zip Code 53145	Transaction ID : <b>SB21B-10543</b>
Purpose of Disbursement payroll dir dep		Category/ Type 001	Amount of Each Disbursement this Period 642.88
Candidate Name		Paid via payroll company NatPay	
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 checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Sullivan IV, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek		State WI	Zip Code 53145	
Purpose of Disbursement payroll dir dep			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:		FEC Identification Number C Transaction ID : SB21B-10543 Amount of Each Disbursement this Period 615.39 Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Sullivan IV, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek		State WI	Zip Code 53145	
Purpose of Disbursement payroll dir dep			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:		FEC Identification Number C Transaction ID : SB21B-10543 Amount of Each Disbursement this Period 661.21 Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Sullivan IV, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek		State WI	Zip Code 53145	
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:		FEC Identification Number C Transaction ID : SB21B-1054: Amount of Each Disbursement this Period 597.06 Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Sullivan IV, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 8825 S 11th Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period [ ] 615.38	
City Oak Creek	State WI	Zip Code 53145	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) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay			

Full Name (Last, First, Middle Initial) <b>B. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 8825 S 11th Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10540</b> Amount of Each Disbursement this Period [ ] 345.44	
City Oak Creek	State WI	Zip Code 53145	Category/Type 001	
Purpose of Disbursement payroll dir dep		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 checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay			

Full Name (Last, First, Middle Initial) <b>C. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 8825 S 11th Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10541</b> Amount of Each Disbursement this Period [ ] 202.79	
City Oak Creek	State WI	Zip Code 53145	Category/Type 001	
Purpose of Disbursement payroll dir dep		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 checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Sullivan V, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10541</b> Amount of Each Disbursement this Period 314.80	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep		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:	Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Sullivan V, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10542</b> Amount of Each Disbursement this Period 280.29	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep		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:	Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Sullivan V, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10543</b> Amount of Each Disbursement this Period 274.49	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep		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:	Paid via payroll company NatPay <input checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C	
Purpose of Disbursement payroll dir dep			Transaction ID : <b>SB21B-10542</b>	
Candidate Name			Amount of Each Disbursement this Period 309.37	
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) ▼		Paid via payroll company NatPay	
State: District:			<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C	
Purpose of Disbursement payroll dir dep			Transaction ID : <b>SB21B-10543</b>	
Candidate Name			Amount of Each Disbursement this Period 345.42	
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) ▼		Paid via payroll company NatPay	
State: District:			<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C	
Purpose of Disbursement payroll dir dep			Transaction ID : <b>SB21B-10544</b>	
Candidate Name			Amount of Each Disbursement this Period 264.80	
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) ▼		Paid via payroll company NatPay	
State: District:			<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Sullivan V, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period 299.66	
City Oak Creek	State WI	Zip Code 53145	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) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay		

Full Name (Last, First, Middle Initial) <b>B. Sullivan V, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period 204.85	
City Oak Creek	State WI	Zip Code 53145	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) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item Paid via payroll company NatPay		

Full Name (Last, First, Middle Initial) <b>C. American Technology Services LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1048</b> Amount of Each Disbursement this Period 16860.16	
City Phoenix	State AZ	Zip Code 85250	Category/Type 001
Purpose of Disbursement 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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16860.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10484**

Amount of Each Disbursement this Period

[REDACTED] 10019.52

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10485**

Amount of Each Disbursement this Period

[REDACTED] 6296.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-1048!**

Amount of Each Disbursement this Period

[REDACTED] 7844.48

Memo Item

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

[REDACTED] 24160.48

**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 Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10485  
Amount of Each Disbursement this Period  
3846.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10485  
Amount of Each Disbursement this Period  
3066.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10485  
Amount of Each Disbursement this Period  
2472.32

Memo Item

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

9385.44

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
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  
05 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 2101.76

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
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  
05 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 2406.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
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  
06 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 1580.00

Memo Item

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

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

[REDACTED] 6088.16

[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 Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
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  
06 / 13 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 41224.48

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
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  
06 / 20 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 30954.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
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  
06 / 27 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 39330.40

Memo Item

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

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

[REDACTED] 111509.28

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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  
04 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10487

Amount of Each Disbursement this Period

[REDACTED] 632.30

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  
04 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10487

Amount of Each Disbursement this Period

[REDACTED] 77.04

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  
05 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10487

Amount of Each Disbursement this Period

[REDACTED] 129.90

Memo Item

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

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

[REDACTED] 839.24

[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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10487

Amount of Each Disbursement this Period

[REDACTED] 64.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10488

Amount of Each Disbursement this Period

[REDACTED] 102.45

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  
06 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10488

Amount of Each Disbursement this Period

[REDACTED] 76.60

Memo Item

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

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

[REDACTED] 243.77

[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

M M / D D / Y Y Y Y Y  
04 / 05 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10489**  
Amount of Each Disbursement this Period  
5938.61

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  
05 / 04 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10490**  
Amount of Each Disbursement this Period  
1033.94

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  
06 / 05 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10491**  
Amount of Each Disbursement this Period  
564.87

Memo Item

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

7537.42

**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. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10493

Amount of Each Disbursement this Period

23930.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10494

Amount of Each Disbursement this Period

14221.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10494

Amount of Each Disbursement this Period

8937.07

Memo Item

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

47088.96

**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 Jefferson St.  
#454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
credit card pmt processing/verification

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10494

Amount of Each Disbursement this Period

[REDACTED] 11134.26

Memo Item

Full Name (Last, First, Middle Initial)

### B. Compliance Consultants LLC

Mailing Address 1345 Jefferson St.  
#454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
credit card pmt processing/verification

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10494

Amount of Each Disbursement this Period

[REDACTED] 5459.71

Memo Item

Full Name (Last, First, Middle Initial)

### C. Compliance Consultants LLC

Mailing Address 1345 Jefferson St.  
#454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
credit card pmt processing/verification

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10494

Amount of Each Disbursement this Period

[REDACTED] 4352.14

Memo Item

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

[REDACTED] 20946.11

**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 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10495

Amount of Each Disbursement this Period

[REDACTED] 3508.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10495

Amount of Each Disbursement this Period

[REDACTED] 2983.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10495

Amount of Each Disbursement this Period

[REDACTED] 3415.58

Memo Item

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

[REDACTED] 9907.69

**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 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

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
06			06			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10493

Amount of Each Disbursement this Period

[REDACTED] 2242.61

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

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
06			13			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10493

Amount of Each Disbursement this Period

[REDACTED] 58512.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verification

003

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
06			20			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10493

Amount of Each Disbursement this Period

[REDACTED] 43935.22

Memo Item

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

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

[REDACTED] 104689.92

[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 Jefferson St.  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
credit card pmt processing/verification

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10493  
Amount of Each Disbursement this Period  
55823.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement  
Computer Equipment/Programming/Support

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-37102  
Amount of Each Disbursement this Period  
1192.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement  
Computer Equipment/Programming/Support

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-37102  
Amount of Each Disbursement this Period  
1035.60

Memo Item

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

58051.88

**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. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City  
Spokane

State  
WA

Zip Code  
99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10495**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Department of Workforce Development**

Mailing Address 6083 N Teutonia Ave  
PO Box 09999

City  
Milwaukee

State  
WI

Zip Code  
53209-0999

Purpose of Disbursement  
State Unemployment pmt

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-10495**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. EWH Small Business Accounting S.C.**

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10495**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10496**  
Amount of Each Disbursement this Period

470.00
--------

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
04		11		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10496**  
Amount of Each Disbursement this Period

129.83
--------

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
04		18		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10496**  
Amount of Each Disbursement this Period

135.13
--------

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)..... ▶

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

734.96
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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
04		25		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10496**  
Amount of Each Disbursement this Period

135.88
--------

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
05		02		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10497**  
Amount of Each Disbursement this Period

140.38
--------

Memo Item

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10497**  
Amount of Each Disbursement this Period

358.80
--------

Memo Item

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

635.06
--------

**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.**

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

MM / DD / YYYY  
05 / 09 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10497  
Amount of Each Disbursement this Period

134.07

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

MM / DD / YYYY  
05 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10497  
Amount of Each Disbursement this Period

131.17

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

MM / DD / YYYY  
05 / 23 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10497  
Amount of Each Disbursement this Period

131.17

Memo Item

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

396.41

**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) <b>A. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10498</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 144.51
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10498</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 350.10
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10498</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 139.10
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	633.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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
06	/	13	/	2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10498**  
Amount of Each Disbursement this Period

135.88
--------

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
06	/	20	/	2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10498**  
Amount of Each Disbursement this Period

36.12
-------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10498**  
Amount of Each Disbursement this Period

43.91
-------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

215.91
--------

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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. Fox O'Neill Shannon S. C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	8

Mailing Address 622 N Water St  
Ste 500

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Legal Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-37103
Amount of Each Disbursement this Period
30.63

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:		

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fox O'Neill Shannon S. C.**

Date of Disbursement

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

Mailing Address 622 N Water St  
Ste 500

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Legal Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-37103
Amount of Each Disbursement this Period
73.50

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:		

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fox O'Neill Shannon S. C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	8

Mailing Address 622 N Water St  
Ste 500

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Legal Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-10495
Amount of Each Disbursement this Period
355.25

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:		

Memo Item

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

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

459.38
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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. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-12256  
Amount of Each Disbursement this Period  
2282.21

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10499  
Amount of Each Disbursement this Period  
2323.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10499  
Amount of Each Disbursement this Period  
2255.33

Memo Item

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

6861.44

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10500

Amount of Each Disbursement this Period

2043.93

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10499

Amount of Each Disbursement this Period

559.11

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10500

Amount of Each Disbursement this Period

2387.56

Memo Item

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

4990.60

**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. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10500  
Amount of Each Disbursement this Period  
1552.89

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10500  
Amount of Each Disbursement this Period  
1801.18

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10500  
Amount of Each Disbursement this Period  
1820.10

Memo Item

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

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

5174.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

[REDACTED] 2050.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

[REDACTED] 1931.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

[REDACTED] 1666.88

Memo Item

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

[REDACTED] 5648.59

**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. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

551.52

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

536.42

Memo Item

Full Name (Last, First, Middle Initial)

**C. Legal Zoom**

Mailing Address 101 N Brand Blvd

City Glendale

State CA

Zip Code 91203

Purpose of Disbursement Legal services

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2018

FEC Identification Number

C

Transaction ID : SB21B-1057

Amount of Each Disbursement this Period

15.99

(Credit Card Purchase)

Memo Item

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

1087.94

**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. Legal Zoom**

Mailing Address 101 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement  
Legal services

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-10574**  
Amount of Each Disbursement this Period  
  
(Credit Card Purchase)

Memo Item

Full Name (Last, First, Middle Initial)

**B. Legal Zoom**

Mailing Address 101 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement  
Legal services

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-10574**  
Amount of Each Disbursement this Period  
  
(Credit Card Purchase)

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Payroll Company

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-3695;**  
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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-36956

Amount of Each Disbursement this Period

6156.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-36960

Amount of Each Disbursement this Period

5765.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-36964

Amount of Each Disbursement this Period

6872.89

Memo Item

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

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

18795.32



**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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

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  
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : SB21B-36969

Amount of Each Disbursement this Period

4631.61

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

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  
05 / 10 / 2018

FEC Identification Number

C

Transaction ID : SB21B-36972

Amount of Each Disbursement this Period

5205.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

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  
05 / 17 / 2018

FEC Identification Number

C

Transaction ID : SB21B-36971

Amount of Each Disbursement this Period

4626.19

Memo Item

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

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

14463.18

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

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
05		24		2018

FEC Identification Number

C

Transaction ID : SB21B-36980

Amount of Each Disbursement this Period

5106.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

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
05		31		2018

FEC Identification Number

C

Transaction ID : SB21B-36984

Amount of Each Disbursement this Period

4911.61

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2018

FEC Identification Number

C

Transaction ID : SB21B-36988

Amount of Each Disbursement this Period

4406.59

Memo Item

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

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

14424.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

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  
06 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB21B-36993

Amount of Each Disbursement this Period

936.47

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company

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  
06 / 28 / 2018

FEC Identification Number

C

Transaction ID : SB21B-36995

Amount of Each Disbursement this Period

936.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City  
Brookfield

State  
WI

Zip Code  
53005

Purpose of Disbursement  
Campaign literature

006

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  
04 / 06 / 2018

FEC Identification Number

C

Transaction ID : SB21B-1050;

Amount of Each Disbursement this Period

202.56

Memo Item

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

2075.51

**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. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10502**  
 Amount of Each Disbursement this Period  
 413.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10502**  
 Amount of Each Disbursement this Period  
 366.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10502**  
 Amount of Each Disbursement this Period  
 269.62

Memo Item

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

1049.42

**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. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10503  
Amount of Each Disbursement this Period  
356.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10503  
Amount of Each Disbursement this Period  
657.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-1050:  
Amount of Each Disbursement this Period  
423.07

Memo Item

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

1436.74

**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. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10503**  
 Amount of Each Disbursement this Period  
 671.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10503**  
 Amount of Each Disbursement this Period  
 557.91

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-1050**  
 Amount of Each Disbursement this Period  
 519.43

Memo Item

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

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

1748.85

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10504  
Amount of Each Disbursement this Period  
118.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10504  
Amount of Each Disbursement this Period  
307.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10504  
Amount of Each Disbursement this Period  
64.26

Memo Item

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

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

490.36

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
Wage Attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2018

FEC Identification Number

C

**Transaction ID : SB21B-12274**

Amount of Each Disbursement this Period

34.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2018

FEC Identification Number

C

**Transaction ID : SB21B-10505**

Amount of Each Disbursement this Period

34.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2018

FEC Identification Number

C

**Transaction ID : SB21B-1050!**

Amount of Each Disbursement this Period

34.38

Memo Item

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

103.14

**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. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-10505**

Amount of Each Disbursement this Period

34.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-10505**

Amount of Each Disbursement this Period

34.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-10505!**

Amount of Each Disbursement this Period

34.38

Memo Item

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

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

103.14

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-3710:

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

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

[REDACTED] 103.14

**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. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 24.95

Memo Item

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

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

[REDACTED] 93.71

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10508

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10507

Amount of Each Disbursement this Period

411.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
credit card 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
0	4		1	8		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10507

Amount of Each Disbursement this Period

89.73

Memo Item

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

533.18

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement credit card payment

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10507

Amount of Each Disbursement this Period

15.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10510

Amount of Each Disbursement this Period

508.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

24.95

Memo Item

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

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

549.26

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2018

FEC Identification Number

C

Transaction ID : SB21B-10510

Amount of Each Disbursement this Period

300.06
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

31.50
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
credit card payment

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
05		02		2018

FEC Identification Number

C

Transaction ID : SB21B-10507

Amount of Each Disbursement this Period

40.00
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Memo Item

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

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

371.56
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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. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10512**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
credit card payment

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10507**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10511**  
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/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10513

Amount of Each Disbursement this Period

3	1	5	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10513

Amount of Each Disbursement this Period

4	0	3	3	5
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-10514

Amount of Each Disbursement this Period

5	0	0	2	0
---	---	---	---	---

Memo Item

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

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

4	8	4	8	7
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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. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10516**  
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  
15230-9378

Purpose of Disbursement  
off the top pnc fees - calculated

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-39275**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Trailblazer**

Mailing Address 620 Mendelssohn Avenue N  
Ste 186

City  
Golden Valley

State  
MN

Zip Code  
55427

Purpose of Disbursement  
Compliance/Reporting/Filing Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10516**  
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 Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10516  
Amount of Each Disbursement this Period  
8158.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10516  
Amount of Each Disbursement this Period  
4847.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
3045.90

Memo Item

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

16052.40

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
3794.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
1860.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
1482.00

Memo Item

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

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

7137.00

**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 Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
1197.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period  
1017.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10511  
Amount of Each Disbursement this Period  
1166.10

Memo Item

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

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

3381.30
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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. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period  
764.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period  
19948.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period  
14976.00

Memo Item

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

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

35688.90

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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 Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging & 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-10519**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10519**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement  
State Payroll 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-10521**  
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	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10519**  
Amount of Each Disbursement this Period

[REDACTED] 341.41

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

Mailing Address PO Box 8960

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10522**  
Amount of Each Disbursement this Period

[REDACTED] 53.17

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10519**  
Amount of Each Disbursement this Period

[REDACTED] 310.48

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

[REDACTED] 705.06

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City  
Madison

State  
WI

Zip Code  
53708-8960

Purpose of Disbursement  
State Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10522

Amount of Each Disbursement this Period

[REDACTED]	39.78
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City  
Milwaukee

State  
WI

Zip Code  
53293

Purpose of Disbursement  
State Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10519

Amount of Each Disbursement this Period

[REDACTED]	392.99
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City  
Madison

State  
WI

Zip Code  
53708-8960

Purpose of Disbursement  
State Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10521

Amount of Each Disbursement this Period

[REDACTED]	174.68
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Memo Item

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

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

[REDACTED]	607.45
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

Mailing Address PO Box 930208

FEC Identification Number

C
---

**Transaction ID : SB21B-10520**  
Amount of Each Disbursement this Period

208.72
--------

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

Mailing Address PO Box 8960

FEC Identification Number

C
---

**Transaction ID : SB21B-10522**  
Amount of Each Disbursement this Period

76.46
-------

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2018

Mailing Address PO Box 930208

FEC Identification Number

C
---

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

286.14
--------

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

571.32
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City  
Madison

State  
WI

Zip Code  
53708-8960

Purpose of Disbursement  
State Payroll 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-10522**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City  
Milwaukee

State  
WI

Zip Code  
53293

Purpose of Disbursement  
State Payroll Withholding

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10520**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City  
Madison

State  
WI

Zip Code  
53708-8960

Purpose of Disbursement  
State Payroll 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-10523**  
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
05		25		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10520**  
Amount of Each Disbursement this Period

[REDACTED] 281.81

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2018

Mailing Address PO Box 8960

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10523**  
Amount of Each Disbursement this Period

[REDACTED] 270.75

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

[REDACTED] 240.73

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

[REDACTED] 793.29

[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
06		01		2018

Mailing Address PO Box 8960

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10523**  
Amount of Each Disbursement this Period

[ ] 159.03

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding  
Candidate Name  
Category/Type 001

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
06		08		2018

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

[ ] 183.46

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding  
Candidate Name  
Category/Type 001

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
06		08		2018

Mailing Address PO Box 8960

FEC Identification Number

C [ ]

**Transaction ID : SB21B-1052:**  
Amount of Each Disbursement this Period

[ ] 98.44

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding  
Candidate Name  
Category/Type 001

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)..... ▶

[ ] 440.93

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	8

Mailing Address PO Box 930208

City Milwaukee	State WI	Zip Code 53293
-------------------	-------------	-------------------

FEC Identification Number

C
---

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Transaction ID : SB21B-10521

Amount of Each Disbursement this Period

59.07
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

### B. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee	State WI	Zip Code 53293
-------------------	-------------	-------------------

FEC Identification Number

C
---

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Transaction ID : SB21B-10521

Amount of Each Disbursement this Period

59.07
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

### C. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee	State WI	Zip Code 53293
-------------------	-------------	-------------------

FEC Identification Number

C
---

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Transaction ID : SB21B-10521

Amount of Each Disbursement this Period

59.07
-------

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)..... ▶

177.21
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10523

Amount of Each Disbursement this Period

[REDACTED] 105.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 13 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10524

Amount of Each Disbursement this Period

[REDACTED] 105.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 20 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-1052:

Amount of Each Disbursement this Period

[REDACTED] 102.71

Memo Item

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

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

[REDACTED] 312.71

[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. Wisconsin SCTF**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10524

Amount of Each Disbursement this Period: 105.00

Memo Item

**B. Wisconsin SCTF**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10524

Amount of Each Disbursement this Period: 102.32

Memo Item

**C. Wisconsin SCTF**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10524

Amount of Each Disbursement this Period: 102.22

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 309.54

**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. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10525

Amount of Each Disbursement this Period

[REDACTED]	105.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10525

Amount of Each Disbursement this Period

[REDACTED]	105.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-3710:

Amount of Each Disbursement this Period

[REDACTED]	105.00
------------	--------

Memo Item

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

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

[REDACTED]	315.00
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[REDACTED]	
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wisconsin SCTF**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10525

Amount of Each Disbursement this Period: 105.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	635031.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input 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. ST DENNIS, JAMES, , ,**

Mailing Address 4917 RAVENSWOOD DR  
APT 161

City SAN ANTONIO State TX Zip Code 78227

Purpose of Disbursement  
Contribution Refund

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 : SB28A-39523**  
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).....▶