

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 8444 COUNTY RD M Fredonia WI 53021

2. FEC IDENTIFICATION NUMBER C C00622472 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2018 through 09 / 30 / 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 10 / 11 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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"/>		4087.45
(b) Cash on Hand at Beginning of Reporting Period.....	841463.86	
(c) Total Receipts (from Line 19)	510727.86	1960565.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1352191.72	1964652.99
7. Total Disbursements (from Line 31).....	535796.43	1148257.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	816395.29	816395.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18790.00	54551.00
(ii) Unitemized	491937.86	1906014.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	510727.86	1960565.54
(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)	510727.86	1960565.54
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)).....▶	510727.86	1960565.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	510727.86	1960565.54

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	535796.43	1148257.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	535796.43	1148257.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	535796.43	1148257.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	535796.43	1148257.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	510727.86	1960565.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	510727.86	1960565.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	535796.43	1148257.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	535796.43	1148257.70

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

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

FOR LINE NUMBER: PAGE 6 OF 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. ADAME, RENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 HAILEY RD
 City ROCKPORT State TX Zip Code 78382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAINTER Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 06 / 2018
Transaction ID : SA11AI-1212957
 Amount of Each Receipt this Period 200.00
 Memo Item

B. AGGEN, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 458
 City ANITA State IA Zip Code 50020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLACKHILL ENERGY Occupation (for Individual) OPERATION TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2018
Transaction ID : SA11AI-1238397
 Amount of Each Receipt this Period 100.00
 Memo Item

C. ALLEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 POST OAK BLVD STE 4200
 City HOUSTON State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI-1247841
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 116
	<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. ARNOLD, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 SUNSET PLAZA DR
 City LOS ANGELES State CA Zip Code 90069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI-1237957
 Amount of Each Receipt this Period 50.00
 Memo Item

B. ARNOLD, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1293 SUNSET PLAZA DR
 City LOS ANGELES State CA Zip Code 90069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 05 / 2018
Transaction ID : SA11AI-1272263
 Amount of Each Receipt this Period 30.00
 Memo Item

C. BACKLUND, DARWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 NE BEAMAN ST
 City MOUNTAIN HOME State ID Zip Code 83647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 30 / 2018
Transaction ID : SA11AI-1216211
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 116
	<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. BANDYOPADHYAY, SAUMYABRATA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1061 WHITEBICK DR
 City SAN JOSE State CA Zip Code 95129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEDAP SING Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **07 / 19 / 2018**
Transaction ID : SA11AI-1244883
 Amount of Each Receipt this Period 200.00
 Memo Item

B. BATTLE, OSCAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5105 LANSLOWNE DR
 City DURHAM State NC Zip Code 27712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **08 / 13 / 2018**
Transaction ID : SA11AI-1212587
 Amount of Each Receipt this Period 100.00
 Memo Item

C. BIVENS, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 WESLEY PL
 City COLORADO SPRINGS State CO Zip Code 80917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EZOQUA Occupation (for Individual) PROJECT MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 10 / 2018**
Transaction ID : SA11AI-1238471
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 9 OF 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BIXLER, GARTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 PLEASANT ST
 City PETALUMA State CA Zip Code 94952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNAC Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2018
Transaction ID : SA11AI-1233139
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. BLANKENSHIP, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 LEMON MINT DR
 City HOOVER State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2018
Transaction ID : SA11AI-1245169
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BREADY, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 CONGDON ST
 City PROVIDENCE State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2018
Transaction ID : SA11AI-1275039
 Amount of Each Receipt this Period
 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 360.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 116
<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. BUSTAMANTE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1081 MARCINE ST
 City LA HABRA State CA Zip Code 90631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **07 / 24 / 2018**
Transaction ID : SA11AI-1245145
 Amount of Each Receipt this Period 100.00
 Memo Item

B. CAMERO, ALFREDO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 S GEORGE MASON DR UNIT 2015N
 City FALLS CHURCH State VA Zip Code 22041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **08 / 31 / 2018**
Transaction ID : SA11AI-1266265
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CARPENTER, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19281 OCCIDENTAL AVE S
 City DES MOINES State WA Zip Code 98148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **07 / 10 / 2018**
Transaction ID : SA11AI-1238447
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 116
	<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. CLARK, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12430 W 105TH TER
 City LENEXA State KS Zip Code 66215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11AI-1277113
 Amount of Each Receipt this Period 100.00
 Memo Item

B. CLINTON, RICHARD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 WILSON PL
 City FREDERICK State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PLUMBER Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 23 / 2018
Transaction ID : SA11AI-1218825
 Amount of Each Receipt this Period 100.00
 Memo Item

C. COLEY, DANNY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2106 DEEPWOOD PL NW
 City CONCORD State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI-1237587
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 116
<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. COLLIER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 CLIFFWOOD RD
 City BALTIMORE State MD Zip Code 21206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI-1237523
 Amount of Each Receipt this Period 75.00
 Memo Item

B. COLLIER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 CLIFFWOOD RD
 City BALTIMORE State MD Zip Code 21206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 13 / 2018
Transaction ID : SA11AI-1276467
 Amount of Each Receipt this Period 50.00
 Memo Item

C. DE MAIGRET, HERVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 N BUNDY DR
 City LOS ANGELES State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 01 / 2018
Transaction ID : SA11AI-1172603
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 116
<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. DEKREY, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13564 SADDLE DR
 City MEAD State CO Zip Code 80542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 23 / 2018
Transaction ID : SA11AI-1218909
 Amount of Each Receipt this Period 100.00
 Memo Item

B. DEPASQUALE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 W AURORA RD
 City NORTHFIELD State OH Zip Code 44067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 30 / 2018
Transaction ID : SA11AI-1263889
 Amount of Each Receipt this Period 200.00
 Memo Item

C. DOWDY, JASON RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1885 LEISSNER SCHOOL RD
 City SEGUIN State TX Zip Code 78155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI-1224647
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 116
<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. DUGGAR, DOROTHY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 BRENDA LN
 City LITHIA SPRINGS State GA Zip Code 30122
 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 07 / 06 / 2018
Transaction ID : SA11AI-1237595
 Amount of Each Receipt this Period 200.00
 Memo Item

B. DUNHAM, ANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10811 215TH ST W
 City LAKEVILLE State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 30 / 2018
Transaction ID : SA11AI-1215827
 Amount of Each Receipt this Period 100.00
 Memo Item

C. DUNHAM, ANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10811 215TH ST W
 City LAKEVILLE State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 20 / 2018
Transaction ID : SA11AI-1211451
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 116
<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. ELLIS, TROY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3715

City IDAHO FALLS	State ID	Zip Code 83403
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2018

Transaction ID : SA11AI-1211975

Amount of Each Receipt this Period
100.00

Memo Item

B. ELLIS, TROY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3715

City IDAHO FALLS	State ID	Zip Code 83403
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2018

Transaction ID : SA11AI-1273141

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 5420 S OAK ST

City CASPER	State WY	Zip Code 82601
----------------	-------------	-------------------

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

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

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
08	/	31	/	2018

Transaction ID : SA11AI-1266955

Amount of Each Receipt this Period
200.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 116
	<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. EVERS, LOREN D, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28776 491ST AVE

City GAYLORD	State MN	Zip Code 55334
-----------------	-------------	-------------------

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

Name of Employer (for Individual) TRUCK DRIVER	Occupation (for Individual) LEFF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : SA11AI-1246757

Amount of Each Receipt this Period
100.00

Memo Item

B. EVERS, LOREN D, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28776 491ST AVE

City GAYLORD	State MN	Zip Code 55334
-----------------	-------------	-------------------

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

Name of Employer (for Individual) TRUCK DRIVER	Occupation (for Individual) LEFF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : SA11AI-1272281

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 245 SOAP TREE DR

City PRINCETON	State TX	Zip Code 75407
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : SA11AI-1238895

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 116
	<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. FAIRCHILD, MAE EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 SOAP TREE DR
 City PRINCETON State TX Zip Code 75407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1270279
 Amount of Each Receipt this Period 110.00
 Memo Item

B. FARAH, ABDOURACHID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1694 HAROLD AVE
 City LOUISVILLE State KY Zip Code 40210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OWNER Occupation (for Individual) AMERICAN ROAD TRANSPORTATIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 30 / 2018
Transaction ID : SA11AI-1215181
 Amount of Each Receipt this Period 220.00
 Memo Item

C. FOURIE, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2270 FAIRWAY CIR NE
 City BROOKHAVEN State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 02 / 2018
Transaction ID : SA11AI-1247927
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 116
	<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. GEISE, LOURDES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5923 BONNEVILLE WAY

City INDIANAPOLIS	State IN	Zip Code 46237
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Physician	Occupation (for Individual) Windrose Health
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2018

Transaction ID : SA11AI-1225339

Amount of Each Receipt this Period

300.00

 Memo Item

B. GHELARDI, JEFF, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4484 SARATOGA AVE

City SAN DIEGO	State CA	Zip Code 92107
-------------------	-------------	-------------------

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

Name of Employer (for Individual) OPERATION MANAGER	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2018

Transaction ID : SA11AI-1195037

Amount of Each Receipt this Period

260.00

 Memo Item

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

Mailing Address 3804 BEACON POINT ST

City LAS VEGAS	State NV	Zip Code 89129
-------------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2018

Transaction ID : SA11AI-1238831

Amount of Each Receipt this Period

240.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 116
	<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. GROSS-MCCLUNEY, DEBRA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 924 11TH AVE NW
 City WATERTOWN State SD Zip Code 57201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 05 / 2018
Transaction ID : SA11AI-1271775
 Amount of Each Receipt this Period 100.00
 Memo Item

B. GRUMBLES, CHRISTINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 E WHITE MOUNTAIN BLVD STE A
 City LAKESIDE State AZ Zip Code 85929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1269017
 Amount of Each Receipt this Period 250.00
 Memo Item

C. HADLEY, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 298
 City NORTH BONNEVILLE State WA Zip Code 98639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 30 / 2018
Transaction ID : SA11AI-1216341
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 116
<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. HAN, JIYUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 W 4TH ST
 APT 301
 City LOS ANGELES State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2018
Transaction ID : SA11AI-1237927
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. HOBSON, JOAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 OLD TIMBER TRL
 City BOONTON TOWNSHIP State NJ Zip Code 07005
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : SA11AI-1237547
 Amount of Each Receipt this Period
 120.00
 Memo Item

C. HOLMAN, BRENDA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 FLETCHER PL
 City ROCKVILLE State MD Zip Code 20851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GOV Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2018
Transaction ID : SA11AI-1272563
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 116
	<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. IVERSON, DAVIDA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 272 RUSSIAN FLAG WAY

City SONOMA	State CA	Zip Code 95476
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED TEACHER	Occupation (for Individual) Best Efforts
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : SA11AI-1263801

Amount of Each Receipt this Period
75.00

Memo Item

B. JACKSON, DENNIS R, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 81272

City FAIRBANKS	State AK	Zip Code 99708
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : SA11AI-1243099

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO BOX 81272

City FAIRBANKS	State AK	Zip Code 99708
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : SA11AI-1272277

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 116
<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. JADHAD, UMESH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8785 PETITE CREEK DR
 City ROSEVILLE State CA Zip Code 95661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : SA11AI-1237789
 Amount of Each Receipt this Period 250.00
 Memo Item

B. JOHNSON, MAGGIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 89TH ST
 City BROOKLYN State NY Zip Code 11209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **07 / 16 / 2018**
Transaction ID : SA11AI-1242193
 Amount of Each Receipt this Period 100.00
 Memo Item

C. JOHNSON, MAGGIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 89TH ST
 City BROOKLYN State NY Zip Code 11209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **09 / 04 / 2018**
Transaction ID : SA11AI-1270075
 Amount of Each Receipt this Period 50.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 116
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KANE, EMMETT, , ,

Mailing Address 65 OTHMAR ST

City NARRAGANSETT	State RI	Zip Code 02882
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : SA11AI-1224479

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KANE, EMMETT, , ,

Mailing Address 65 OTHMAR ST

City NARRAGANSETT	State RI	Zip Code 02882
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2018

Transaction ID : SA11AI-1203859

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 435 N LA JOLLA AVE

City LOS ANGELES	State CA	Zip Code 90048
---------------------	-------------	-------------------

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

Name of Employer (for Individual) AM-GEN	Occupation (for Individual) Best Efforts
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

Transaction ID : SA11AI-1214937

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 116
	<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. KARISH, DEBORAH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 N LA JOLLA AVE
 City LOS ANGELES State CA Zip Code 90048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AM-GEN Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 13 / 2018
Transaction ID : SA11AI-1212723
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KEPPLER, DONALD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 202
 City WAYNESBORO State TN Zip Code 38485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 12 / 2018
Transaction ID : SA11AI-1238941
 Amount of Each Receipt this Period 200.00
 Memo Item

C. KILLETT, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8260 DENWOOD DR APT 30
 City STERLING HEIGHTS State MI Zip Code 48312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PART TIME DRIVER Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI-1224509
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 116
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOLYOEHPONG, KIAT, , ,

Mailing Address 27702 CROWN VALLEY PKWY
STE E3

City LADERA RANCH	State CA	Zip Code 92694
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : SA11AI-1238871

Amount of Each Receipt this Period
140.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KULP, STEPHANIE, , ,

Mailing Address 11100 W 146TH ST

City OVERLAND PARK	State KS	Zip Code 66221
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) REAL STATE BROOKER	Occupation (for Individual) REAL STATE BROOKER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : SA11AI-1224959

Amount of Each Receipt this Period
160.00

Memo Item

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

Mailing Address 11100 W 146TH ST

City OVERLAND PARK	State KS	Zip Code 66221
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) REAL STATE BROOKER	Occupation (for Individual) REAL STATE BROOKER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

Transaction ID : SA11AI-1211419

Amount of Each Receipt this Period
160.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	460.00
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 26 OF 116
	<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. LA FRENAIS, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2557 HUTTON DR
 City BEVERLY HILLS State CA Zip Code 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 05 / 2018
Transaction ID : SA11AI-1172929
 Amount of Each Receipt this Period 150.00
 Memo Item

B. LANYON, CHASE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 S MEXICO ST
 City CELINA State TX Zip Code 75009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOTAL SAFETY Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1269595
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LEBEN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2632 ARIMO DR
 City HENDERSON State NV Zip Code 89052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11AI-1190811
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 27 OF 116
	<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. LEBEN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2632 ARIMO DR
 City HENDERSON State NV Zip Code 89052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11AI-1192873
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LENKINSKI, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12101 VENDOME PL
 City DALLAS State TX Zip Code 75230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT AT SOUTH WESTERN MEDICAL CENTER Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI-1237441
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LOMBARDO, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 DEER MOSS LN
 City DELAND State FL Zip Code 32720
 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 ▼ 320.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI-1237447
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 116
<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. MAC ALLISTER, MIRIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 OLD TOWNE CIR
 City LAWRENCEVILLE State GA Zip Code 30046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 07 / 2018
Transaction ID : SA11AI-1274739
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MARTIN, CYNTHIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7103 SEDONA HLS
 City HOUSTON State TX Zip Code 77069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1270287
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MCCANN, RUTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5626 KIMBRELL DR N
 City JACKSONVILLE State FL Zip Code 32210
 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 ▼ 385.00

Date of Receipt 08 / 30 / 2018
Transaction ID : SA11AI-1263903
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 116
	<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. MCDOWELL, RYLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 375 VILLAGE DR
 City BLYTHE State CA Zip Code 92225
 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 **07 / 16 / 2018**
Transaction ID : SA11AI-1219937
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MITCHELL, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4706 RUSSELL ST
 City HOUSTON State TX Zip Code 77026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **08 / 13 / 2018**
Transaction ID : SA11AI-1212643
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MONROE, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 HILLCREST LOOP
 City PETAL State MS Zip Code 39465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) self employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **08 / 06 / 2018**
Transaction ID : SA11AI-1214315
 Amount of Each Receipt this Period 100.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 116
	<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. MOODY, JAMES A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 LOVERS LN
 City DALLAS State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1269321
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MOORE, WINFRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 980 SAPP RD
 City CONROE State TX Zip Code 77304
 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 ▼ 200.00

Date of Receipt 07 / 23 / 2018
Transaction ID : SA11AI-1219015
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MOREY, MAURA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 134 LYFORD DR
 City BELVEDERE TIBURON State CA Zip Code 94920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1267455
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 31 OF 116
	<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. MORRIS-BECK, MONTEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 HICKORY TREE RD
 City SAINT CLOUD State FL Zip Code 34772
 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 07 / 02 / 2018
Transaction ID : SA11AI-1231141
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MUHLADA, MILES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7370 FONTANA RIDGE LN
 City RALEIGH State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI-1237367
 Amount of Each Receipt this Period 200.00
 Memo Item

C. NELMS, KATHERINE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5806 27TH ST APT 21D
 City LUBBOCK State TX Zip Code 79407
 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 ▼ 270.00

Date of Receipt 07 / 10 / 2018
Transaction ID : SA11AI-1238461
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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 32 OF 116
	<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. NELMS, KATHERINE J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5806 27TH ST
 APT 21D
 City LUBBOCK State TX Zip Code 79407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DIABLED Occupation (for Individual) DIABLED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 07 / 2018
Transaction ID : SA11AI-1274741
 Amount of Each Receipt this Period 75.00
 Memo Item

B. OSBORN, HAZEL K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25832 15TH AVE S
 City DES MOINES State WA Zip Code 98198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI-1238025
 Amount of Each Receipt this Period 50.00
 Memo Item

C. OSBORN, HAZEL K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25832 15TH AVE S
 City DES MOINES State WA Zip Code 98198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1270131
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 33 OF 116
<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. PAPIN, DONNA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3640 EDEN DR

City DALLAS	State TX	Zip Code 75287
----------------	-------------	-------------------

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : SA11AI-1279167

Amount of Each Receipt this Period
35.00

Memo Item

B. PARR, ANN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3106 NE 11TH ST

City MINERAL WELLS	State TX	Zip Code 76067
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) BARBLET CLASS	Occupation (for Individual) Best Efforts
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

Transaction ID : SA11AI-1242185

Amount of Each Receipt this Period
50.00

Memo Item

C. 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) WRITER	Occupation (for Individual) Best Efforts
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

Transaction ID : SA11AI-1233857

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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 34 OF 116
<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. PRATT, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3647 ROBINSON RD
 City MISSOURI CITY State TX Zip Code 77459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 09 / 10 / 2018
Transaction ID : SA11AI-1275187
 Amount of Each Receipt this Period 85.00
 Memo Item

B. PULLEN, JOHN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 FAIRVIEW RD APT 210
 City RALEIGH State NC Zip Code 27608
 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 07 / 16 / 2018
Transaction ID : SA11AI-1242069
 Amount of Each Receipt this Period 300.00
 Memo Item

C. RANALLI, LEE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1257 E ELI CT
 City GILBERT State AZ Zip Code 85295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RANALLIS SALES AND SERVICES Occupation (for Individual) electrician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 05 / 2018
Transaction ID : SA11AI-1172933
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	460.00
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 35 OF 116
	<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. ROBERTS, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 SAN AUGUSTINE LN
 City FRIENDSWOOD State TX Zip Code 77546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FINANCIAL INDUSTRY Occupation (for Individual) FINANCIAL INDUSTRY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 23 / 2018
Transaction ID : SA11AI-1219005
 Amount of Each Receipt this Period 100.00
 Memo Item

B. RUSSEL, STEPHANIE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 50187
 City PARKS State AZ Zip Code 86018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI-1237979
 Amount of Each Receipt this Period 200.00
 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) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2018
Transaction ID : SA11AI-1271749
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 116
<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. RYAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23825 ANZA AVE
 APT 136
 City TORRANCE State CA Zip Code 90505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SALES Occupation (for Individual) FX COM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2018
Transaction ID : SA11AI-1276527
 Amount of Each Receipt this Period 500.00
 Memo Item

B. SCHAEFFER, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 496 SUELANE ST
 City MUSKEGON State MI Zip Code 49442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INSTALATION TRAINING Occupation (for Individual) INSTALATION TRAINING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 02 / 2018
Transaction ID : SA11AI-1232043
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SCHEINTHAL, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5418 HUISACHE ST
 City HOUSTON State TX Zip Code 77081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISABLE Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 29 / 2018
Transaction ID : SA11AI-1263583
 Amount of Each Receipt this Period 300.00
 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 37 OF 116
	<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. SEIBERT, SHERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1423 SE 35TH ST
 City CAPE CORAL State FL Zip Code 33904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCHOOL OPERATIONS COORDINATOR Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2018
Transaction ID : SA11AI-1244309
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. SHAW, ROBERT G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458
 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 ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : SA11AI-1270211
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. SHELTON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 4TH AVE NW
 TRLR 50
 City ARDMORE State OK Zip Code 73401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLOW COORDINATOR Occupation (for Individual) MITCHELIN OF NORTH AMERICA
 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
 07 / 16 / 2018
Transaction ID : SA11AI-1220905
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 38 OF 116
	<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. SHELTON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 4TH AVE NW
 TRLR 50
 City ARDMORE State OK Zip Code 73401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLOW COORDINATOR Occupation (for Individual) MITCHELIN OF NORTH AMERICA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2018
Transaction ID : SA11AI-1211429
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SHIFFLETT, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3001
 City MARBLE FALLS State TX Zip Code 78654
 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 08 / 30 / 2018
Transaction ID : SA11AI-1264663
 Amount of Each Receipt this Period 150.00
 Memo Item

C. SMITH, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 MARTIN LUTHER KING DR
 City GARY State IN Zip Code 46402
 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 ▼ 240.00

Date of Receipt 08 / 31 / 2018
Transaction ID : SA11AI-1265779
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
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 39 OF 116
	<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. SMITH, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6013 MILLS CREEK LN
 City NORTH RIDGEVILLE State OH Zip Code 44039
 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 ▼ 1000.00

Date of Receipt 09 / 25 / 2018
Transaction ID : SA11AI-1279971
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. STRICKLER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 SNYDERTOWN RD
 City HOWARD State PA Zip Code 16841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11AI-1277291
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 09 / 06 / 2018
Transaction ID : SA11AI-1273145
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 40 OF 116
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THOMAS, LAURENCE, , ,

Mailing Address 22393 TROON DR

City ATHENS	State AL	Zip Code 35613
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

Transaction ID : SA11AI-1233005

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TOBIN, TONI, , ,

Mailing Address 756 LISBOA CT

City WALNUT CREEK	State CA	Zip Code 94598
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

Transaction ID : SA11AI-1218979

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6920 N RILEY AVE

City INDIANAPOLIS	State IN	Zip Code 46220
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2018

Transaction ID : SA11AI-1246753

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 116
	<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. UPDIKE, MARILEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6920 N RILEY AVE
 City INDIANAPOLIS State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 10 / 2018
Transaction ID : SA11AI-1251453
 Amount of Each Receipt this Period 75.00
 Memo Item

B. VADNAL, JANE N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 BULLCREEK RD
 City BUTLER State PA Zip Code 16002
 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 ▼ 275.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1269065
 Amount of Each Receipt this Period 125.00
 Memo Item

C. VALDEZ, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3309 VALMONT ST
 City EVANS State CO Zip Code 80620
 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 ▼ 410.00

Date of Receipt 07 / 16 / 2018
Transaction ID : SA11AI-1242117
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 116
	<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. VALOIS, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 THURSTON RD
 City FREDERICK State MD Zip Code 21704
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CULTURIST Occupation (for Individual) GROW WEST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 08 / 20 / 2018
Transaction ID : SA11AI-1251629
 Amount of Each Receipt this Period 500.00
 Memo Item

B. VAN-WESTEN, KELLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 PASEO CAMARILLO
 City CAMARILLO State CA Zip Code 93010
 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 07 / 06 / 2018
Transaction ID : SA11AI-1237379
 Amount of Each Receipt this Period 150.00
 Memo Item

C. WALLECE, LYNN ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 HARRISON AVE
 City SOUTH PLAINFIELD State NJ Zip Code 07080
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 200.00

Date of Receipt 07 / 16 / 2018
Transaction ID : SA11AI-1242191
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 43 OF 116
<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. WELTEVREDE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1148 NORTHLAWN ST NE
 City GRAND RAPIDS State MI Zip Code 49505
 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 09 / 24 / 2018
Transaction ID : SA11AI-1191999
 Amount of Each Receipt this Period 300.00
 Memo Item

B. WERST, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17307 FIRST BEND CT
 City CYPRESS State TX Zip Code 77433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REFUSE Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 07 / 2018
Transaction ID : SA11AI-1274703
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WHALEY, JOHNATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 LEE ROAD 935
 City SALEM State AL Zip Code 36874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI-1237389
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 116
<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. WHEELER, ADAM B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2461 N TIPSICO LAKE RD
 City HARTLAND State MI Zip Code 48353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 04 / 2018
Transaction ID : SA11AI-1270173
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WHITE, LIESL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1337 PARAMOUNT DR
 City BERTHOUD State CO Zip Code 80513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOUSE WIFE Occupation (for Individual) HOUSE WIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 30 / 2018
Transaction ID : SA11AI-1215817
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WHITE, LIESL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1337 PARAMOUNT DR
 City BERTHOUD State CO Zip Code 80513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOUSE WIFE Occupation (for Individual) HOUSE WIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 20 / 2018
Transaction ID : SA11AI-1211465
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 45 OF 116
<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. WILLIAMS, JONATHAN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2929 SHADY BROOK LN
 City LINCOLNTON State NC Zip Code 28092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI-1237461
 Amount of Each Receipt this Period 150.00
 Memo Item

B. WILSON, JEAN G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 S SPRING MILL RD
 City VILLANOVA State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 31 / 2018
Transaction ID : SA11AI-1265971
 Amount of Each Receipt this Period 200.00
 Memo Item

C. WITZER, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5397
 City SARASOTA State FL Zip Code 34277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 30 / 2018
Transaction ID : SA11AI-1216247
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	18790.00

**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. Melissa L, Stetler, , ,

Mailing Address 520 Random Lake Rd.,
Apt 303

City
Random Lake

State
WI

Zip Code
53075

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	1	8		

FEC Identification Number

C []
Transaction ID : SB21B-34543
Amount of Each Disbursement this Period
[] 192.35

Memo Item

Full Name (Last, First, Middle Initial)

B. Melissa L, Stetler, , ,

Mailing Address 520 Random Lake Rd.,
Apt 303

City
Random Lake

State
WI

Zip Code
53075

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	8		

FEC Identification Number

C []
Transaction ID : SB21B-34553
Amount of Each Disbursement this Period
[] 192.33

Memo Item

Full Name (Last, First, Middle Initial)

C. Melissa L, Stetler, , ,

Mailing Address 520 Random Lake Rd.,
Apt 303

City
Random Lake

State
WI

Zip Code
53075

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B-34554
Amount of Each Disbursement this Period
[] 192.33

Memo Item

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

5	7	7	.	0	1
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TOTAL This Period (last page this line number only)..... ▶

5	7	7	.	0	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)

A. Melissa L, Stetler, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

Mailing Address 520 Random Lake Rd.,
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34565
Amount of Each Disbursement this Period
192.34

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Melissa L, Stetler, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2018

Mailing Address 520 Random Lake Rd.,
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34571
Amount of Each Disbursement this Period
192.33

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Melissa L, Stetler, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2018

Mailing Address 520 Random Lake Rd.,
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34571
Amount of Each Disbursement this Period
192.35

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

577.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Melissa L, Stetler, , ,

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-34583
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Melissa L, Stetler, , ,

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-34589
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Melissa L, Stetler, , ,

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-3459!
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. Melissa L, Stetler, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	8		

Mailing Address 520 Random Lake Rd.,
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34601
Amount of Each Disbursement this Period
192.34

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Melissa L, Stetler, , ,

Date of Disbursement

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

Mailing Address 520 Random Lake Rd.,
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34607
Amount of Each Disbursement this Period
192.34

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Melissa L, Stetler, , ,

Date of Disbursement

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

Mailing Address 520 Random Lake Rd.,
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34611
Amount of Each Disbursement this Period
192.33

Candidate Name

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

Memo Item

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

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

577.01

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

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

FOR LINE NUMBER:
(check only one)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Mailing Address 520 Random Lake Rd.,
Apt 303

FEC Identification Number

C

Transaction ID : SB21B-34619
Amount of Each Disbursement this Period

192.33

Memo Item

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Michelle M, Hammen, , ,

Date of Disbursement

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

Mailing Address W4960 Kohler Drive

FEC Identification Number

C

Transaction ID : SB21B-34545
Amount of Each Disbursement this Period

209.08

Memo Item

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) ▼

Full Name (Last, First, Middle Initial)

C. Michelle M, Hammen, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Mailing Address W4960 Kohler Drive

FEC Identification Number

C

Transaction ID : SB21B-34545
Amount of Each Disbursement this Period

209.06

Memo Item

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) ▼

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

610.47

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. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		<input type="text" value="001"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : SB21B-34555
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 07 / 27 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		<input type="text" value="001"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : SB21B-34561
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		<input type="text" value="001"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : SB21B-34561
Amount of Each Disbursement this Period

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. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34573 Amount of Each Disbursement this Period [REDACTED] 209.08	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34579 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		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-3458! 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		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 627.20
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial) A. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34591 Amount of Each Disbursement this Period [REDACTED] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34597 Amount of Each Disbursement this Period [REDACTED] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-3460: Amount of Each Disbursement this Period [REDACTED] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[REDACTED] 627.21

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. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34609
Amount of Each Disbursement this Period
[REDACTED] 209.06

Full Name (Last, First, Middle Initial) B. Michelle M, Hammen, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34615
Amount of Each Disbursement this Period
[REDACTED] 209.06

Full Name (Last, First, Middle Initial) C. Robert R, Piaro, , ,		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-3454;
Amount of Each Disbursement this Period
[REDACTED] 535.08

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

[REDACTED] 953.20

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Robert R, Piaro, , ,

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2018

FEC Identification Number

C

Transaction ID : SB21B-34551

Amount of Each Disbursement this Period

535.08

Memo Item

Full Name (Last, First, Middle Initial)

B. Robert R, Piaro, , ,

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2018

FEC Identification Number

C

Transaction ID : SB21B-34557

Amount of Each Disbursement this Period

535.08

Memo Item

Full Name (Last, First, Middle Initial)

C. Robert R, Piaro, , ,

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

FEC Identification Number

C

Transaction ID : SB21B-3456:

Amount of Each Disbursement this Period

535.09

Memo Item

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

1605.25

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. Robert R, Piaro, , ,		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C []
Transaction ID : SB21B-34569
Amount of Each Disbursement this Period
[] 535.08
 Memo Item

Full Name (Last, First, Middle Initial) B. Robert R, Piaro, , ,		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C []
Transaction ID : SB21B-34575
Amount of Each Disbursement this Period
[] 535.07
 Memo Item

Full Name (Last, First, Middle Initial) C. Robert R, Piaro, , ,		Date of Disbursement MM / DD / YYYY 08 / 17 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C []
Transaction ID : SB21B-34581
Amount of Each Disbursement this Period
[] 535.09
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1605.24
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Robert R, Piaro, , ,		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Memo Item <input type="checkbox"/>		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34587
Amount of Each Disbursement this Period
[REDACTED] 535.08

Full Name (Last, First, Middle Initial) B. Robert R, Piaro, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Memo Item <input type="checkbox"/>		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34593
Amount of Each Disbursement this Period
[REDACTED] 535.08

Full Name (Last, First, Middle Initial) C. Robert R, Piaro, , ,		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Memo Item <input type="checkbox"/>		

FEC Identification Number
C [REDACTED]
Transaction ID : SB21B-34595
Amount of Each Disbursement this Period
[REDACTED] 535.07

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1605.23
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. Robert R, Piaro, , ,

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 M	/	D D D	/	Y Y Y Y Y
09		14		2018

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34605
Amount of Each Disbursement this Period
[REDACTED] 535.09

Memo Item

Full Name (Last, First, Middle Initial)

B. Robert R, Piaro, , ,

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 M	/	D D D	/	Y Y Y Y Y
09		21		2018

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34611
Amount of Each Disbursement this Period
[REDACTED] 535.08

Memo Item

Full Name (Last, First, Middle Initial)

C. Robert R, Piaro, , ,

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 M	/	D D D	/	Y Y Y Y Y
09		28		2018

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34611
Amount of Each Disbursement this Period
[REDACTED] 535.09

Memo Item

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

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

[REDACTED]	1605.26
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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. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34187

Amount of Each Disbursement this Period

[REDACTED] 28027.84

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34189

Amount of Each Disbursement this Period

[REDACTED] 18337.92

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34191

Amount of Each Disbursement this Period

[REDACTED] 15654.72

Memo Item

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

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

[REDACTED] 62020.48

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2018

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34193
Amount of Each Disbursement this Period
10492.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2018

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34195
Amount of Each Disbursement this Period
9565.12

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

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

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34197
Amount of Each Disbursement this Period
6136.00

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)..... ▶

26193.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34199
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34201
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-3420:
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

C	001
Transaction ID : SB21B-34205	
Amount of Each Disbursement this Period	
7756.64	
<input type="checkbox"/> Memo Item	

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2018

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

C	001
Transaction ID : SB21B-34207	
Amount of Each Disbursement this Period	
23803.84	
<input type="checkbox"/> Memo Item	

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address 125 North 2nd St
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

C	001
Transaction ID : SB21B-34205	
Amount of Each Disbursement this Period	
14147.84	
<input type="checkbox"/> Memo Item	

Candidate Name

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

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

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

45708.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

Mailing Address 125 North 2nd St
Unit 110 Box 241

FEC Identification Number

C

Transaction ID : SB21B-34211
Amount of Each Disbursement this Period

16665.92

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Date of Disbursement

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

Mailing Address PO Box 899

FEC Identification Number

C

Transaction ID : SB21B-34213
Amount of Each Disbursement this Period

1132.30

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) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Date of Disbursement

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

Mailing Address PO Box 899

FEC Identification Number

C

Transaction ID : SB21B-34211
Amount of Each Disbursement this Period

31.75

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) ▼

Memo Item

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

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

17829.97

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Authnet Gateway		Date of Disbursement MM / DD / YYYY 08 / 02 / 2018	
Mailing Address PO Box 899		FEC Identification Number C [] Transaction ID : SB21B-34217	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [] 207.80
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Authnet Gateway		Date of Disbursement MM / DD / YYYY 08 / 02 / 2018	
Mailing Address PO Box 899		FEC Identification Number C [] Transaction ID : SB21B-34219	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [] 30.00
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Authnet Gateway		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018	
Mailing Address PO Box 899		FEC Identification Number C [] Transaction ID : SB21B-34221	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [] 134.70
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 372.50
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. 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
09 / 04 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34223
Amount of Each Disbursement this Period
30.14

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34225
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34227
Amount of Each Disbursement this Period
20.00

Memo Item

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

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

75.14

**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. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34229
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34231
Amount of Each Disbursement this Period
10210.74

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21B-3423:
Amount of Each Disbursement this Period
125.00

Memo Item

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

10360.74

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. Clearent LLC		Date of Disbursement MM / DD / YYYY 07 / 10 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34235
City Clayton	State MO	Zip Code 31065
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period [REDACTED] 160.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Clearent LLC		Date of Disbursement MM / DD / YYYY 07 / 10 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34237
City Clayton	State MO	Zip Code 31065
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period [REDACTED] 20.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Clearent LLC		Date of Disbursement MM / DD / YYYY 07 / 12 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34238
City Clayton	State MO	Zip Code 31065
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period [REDACTED] 35.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 215.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Clearent LLC		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34241
City Clayton	State MO	Zip Code 31065
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Clearent LLC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34243
City Clayton	State MO	Zip Code 31065
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period [REDACTED] 70.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Clearent LLC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34244
City Clayton	State MO	Zip Code 31065
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period [REDACTED] 40.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 135.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34247

Amount of Each Disbursement this Period

[REDACTED]	150.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34249

Amount of Each Disbursement this Period

[REDACTED]	40.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34251

Amount of Each Disbursement this Period

[REDACTED]	100.00
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Memo Item

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

[REDACTED]	290.00
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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. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34253

Amount of Each Disbursement this Period

45.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34255

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34257

Amount of Each Disbursement this Period

100.00

Memo Item

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

170.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 31065

Transaction ID : SB21B-34259
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001
Category/
Type

[REDACTED] 50.00

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 31065

Transaction ID : SB21B-34261
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001
Category/
Type

[REDACTED] 30.00

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2018

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 31065

Transaction ID : SB21B-3426:
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/
Type

[REDACTED] 35.00

Candidate Name

Memo Item

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

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

[REDACTED] 115.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34265

Amount of Each Disbursement this Period

[REDACTED] 2052.63

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34267

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34266

Amount of Each Disbursement this Period

[REDACTED] 70.00

Memo Item

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

[REDACTED] 2142.63

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

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34271

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34273

Amount of Each Disbursement this Period

45.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34271

Amount of Each Disbursement this Period

50.00

Memo Item

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

145.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34277

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34279

Amount of Each Disbursement this Period

80.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34281

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

125.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34283
Amount of Each Disbursement this Period
35.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34285
Amount of Each Disbursement this Period
25.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2018

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-34287
Amount of Each Disbursement this Period
1299.96

Candidate Name

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

Memo Item

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

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

1359.96

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34289

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34291

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City Clayton State MO Zip Code 31065

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34293

Amount of Each Disbursement this Period

50.00

Memo Item

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2018

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 31065

Transaction ID : SB21B-34295
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/
Type

[REDACTED] 500.00

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2018

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 31065

Transaction ID : SB21B-34295
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/
Type

[REDACTED] 40.00

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2018

Mailing Address 222 South Central
Suite 700

FEC Identification Number

C [REDACTED]

City Clayton State MO Zip Code 31065

Transaction ID : SB21B-34295
Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001
Category/
Type

[REDACTED] 35.00

Candidate Name

Memo Item

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

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

[REDACTED] 575.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34301
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34303
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34301
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34307
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34309
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34311
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34313
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34315
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34317
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34319
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34321
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-3432:
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants

Mailing Address 1345 N Jefferson St
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Payment Processing/Verifications

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34325
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer (Equipment/Programing/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-34327
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer (Equipment/Programing/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-34325
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer (Equipment/Programing/Support)

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-34331
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

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-34333
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EMC Insurance

Mailing Address PO Box 327

City Brookfield State WI Zip Code 53008-0327

Purpose of Disbursement
Insurance (workers comp)

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-34331
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
07		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-34337
Amount of Each Disbursement this Period
333.70

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		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-34339
Amount of Each Disbursement this Period
43.91

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		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-34341
Amount of Each Disbursement this Period
43.91

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)..... ▶

421.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		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-34343

Amount of Each Disbursement this Period

43.91

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
07		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-34345

Amount of Each Disbursement this Period

43.91

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
08		01		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-34347

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)..... ▶

131.73

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

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

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

FEC Identification Number

C

Transaction ID : SB21B-34349

Amount of Each Disbursement this Period

318.80

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

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

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

FEC Identification Number

C

Transaction ID : SB21B-34351

Amount of Each Disbursement this Period

43.91

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2018

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

FEC Identification Number

C

Transaction ID : SB21B-3435:

Amount of Each Disbursement this Period

43.91

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

406.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2018

FEC Identification Number

C []
Transaction ID : SB21B-34355
Amount of Each Disbursement this Period
[] 43.91

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2018

FEC Identification Number

C []
Transaction ID : SB21B-34357
Amount of Each Disbursement this Period
[] 43.91

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2018

FEC Identification Number

C []
Transaction ID : SB21B-34355
Amount of Each Disbursement this Period
[] 398.80

Memo Item

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

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

486.62

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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

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-34361
Amount of Each Disbursement this Period

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

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-34361
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-34361
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.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34367
Amount of Each Disbursement this Period
[REDACTED] 43.91

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 622 N Water St
Ste 500

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34369
Amount of Each Disbursement this Period
[REDACTED] 257.25

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 622 N Water St
Ste 500

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34371
Amount of Each Disbursement this Period
[REDACTED] 485.75

Memo Item

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

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

[REDACTED]	786.91
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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. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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

MM / DD / YYYY
07 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34373
Amount of Each Disbursement this Period
536.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34375
Amount of Each Disbursement this Period
536.42

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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

MM / DD / YYYY
07 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34377
Amount of Each Disbursement this Period
536.42

Memo Item

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

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

1609.18

**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. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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
07 / 27 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34379
Amount of Each Disbursement this Period
536.36

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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
07 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34381
Amount of Each Disbursement this Period
217.16

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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
08 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B-3438:
Amount of Each Disbursement this Period
536.42

Memo Item

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

1289.94

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. Internal Revenue Service

Mailing Address PO Box 804521

City
Cincinnati

State
OH

Zip Code
45280-4521

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	8		1	0		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB21B-34385
Amount of Each Disbursement this Period
[] 536.36

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City
Cincinnati

State
OH

Zip Code
45280-4521

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	8		1	7		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB21B-34387
Amount of Each Disbursement this Period
[] 536.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804521

City
Cincinnati

State
OH

Zip Code
45280-4521

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	8		2	4		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB21B-34388
Amount of Each Disbursement this Period
[] 536.42

Memo Item

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

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

1	6	0	9	.	1	8
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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 804521

City Cincinnati

State OH

Zip Code 45280-4521

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
08 / 31 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34391

Amount of Each Disbursement this Period

536.36

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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
09 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34393

Amount of Each Disbursement this Period

536.36

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

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
09 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB21B-34391

Amount of Each Disbursement this Period

536.42

Memo Item

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

1609.14

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. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati State OH Zip Code 45280-4521

Purpose of Disbursement Federal Payroll Withholding

Category/Type

Candidate Name

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2018

FEC Identification Number

Transaction ID : SB21B-34397
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

Category/Type

Candidate Name

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2018

FEC Identification Number

Transaction ID : SB21B-34409
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

Category/Type

Candidate Name

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2018

FEC Identification Number

Transaction ID : SB21B-34411
 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

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-34413
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34415
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-34417
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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2018

Mailing Address PO Box 609

FEC Identification Number

C [REDACTED]

City Pittsburgh

State PA

Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Transaction ID : SB21B-34419

Amount of Each Disbursement this Period

[REDACTED] 30.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

Mailing Address PO Box 609

FEC Identification Number

C [REDACTED]

City Pittsburgh

State PA

Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Transaction ID : SB21B-34421

Amount of Each Disbursement this Period

[REDACTED] 20.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2018

Mailing Address PO Box 609

FEC Identification Number

C [REDACTED]

City Pittsburgh

State PA

Zip Code 15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Transaction ID : SB21B-3442:

Amount of Each Disbursement this Period

[REDACTED] 25.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 75.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement MM / DD / YYYY 07 / 18 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34425 Amount of Each Disbursement this Period [REDACTED] 35.00
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement MM / DD / YYYY 07 / 19 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34427 Amount of Each Disbursement this Period [REDACTED] 20.00
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PNC Bank		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34428 Amount of Each Disbursement this Period [REDACTED] 30.00
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 85.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2018

Mailing Address PO Box 609

City Pittsburgh	State PA	Zip Code 15230-9738
--------------------	-------------	------------------------

FEC Identification Number

C
Transaction ID : SB21B-34431
Amount of Each Disbursement this Period

Purpose of Disbursement
Bank Fee/Bank Charge

001
Category/ Type

25.00

Candidate Name

 Memo Item

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. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2018

Mailing Address PO Box 609

City Pittsburgh	State PA	Zip Code 15230-9738
--------------------	-------------	------------------------

FEC Identification Number

C
Transaction ID : SB21B-34433
Amount of Each Disbursement this Period

Purpose of Disbursement
Bank Fee/Bank Charge

001
Category/ Type

20.00

Candidate Name

 Memo Item

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
--	------------------	--

Full Name (Last, First, Middle Initial)

C. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

Mailing Address PO Box 609

City Pittsburgh	State PA	Zip Code 15230-9738
--------------------	-------------	------------------------

FEC Identification Number

C
Transaction ID : SB21B-34431
Amount of Each Disbursement this Period

Purpose of Disbursement
Bank Fee/Bank Charge

001
Category/ Type

398.70

Candidate Name

 Memo Item

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

443.70

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. 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
08	/	01	/	2018

FEC Identification Number

C

Transaction ID : SB21B-34437

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2018

FEC Identification Number

C

Transaction ID : SB21B-34439

Amount of Each Disbursement this Period

113.75

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 M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2018

FEC Identification Number

C

Transaction ID : SB21B-34441

Amount of Each Disbursement this Period

31.50

Memo Item

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

165.25

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	8		0	2		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-34443

Amount of Each Disbursement this Period

2	4	9	5
---	---	---	---

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	8		0	2		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-34445

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

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	8		0	2		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period

2	0	0	0
---	---	---	---

Memo Item

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

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

1	4	4	9	5
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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

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
08	/	08	/	2018

FEC Identification Number

C

Transaction ID : SB21B-34449

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2018

FEC Identification Number

C

Transaction ID : SB21B-34451

Amount of Each Disbursement this Period

20.02

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 M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2018

FEC Identification Number

C

Transaction ID : SB21B-34451

Amount of Each Disbursement this Period

20.00

Memo Item

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

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

90.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. 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	8		3	0		2	0	1	8

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34455
Amount of Each Disbursement this Period
[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34457
Amount of Each Disbursement this Period
[REDACTED] 653.94

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-34455
Amount of Each Disbursement this Period
[REDACTED] 59.10

Memo Item

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

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

7	3	8	.	0	4
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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		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34461
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		Amount of Each Disbursement this Period 31.50
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34463
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		Amount of Each Disbursement this Period 24.95
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PNC Bank		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] Transaction ID : SB21B-34461
City Pittsburgh	State PA	Zip Code 15230-9738
Purpose of Disbursement Bank Fee/Bank Charge		Amount of Each Disbursement this Period 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	81.45
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	9		1	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34467

Amount of Each Disbursement this Period

2	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	9		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34469

Amount of Each Disbursement this Period

2	0	0	0
---	---	---	---

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	9		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34471

Amount of Each Disbursement this Period

1	5	0	0
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Memo Item

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

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

6	0	0	0
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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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-34473

Amount of Each Disbursement this Period

2	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	9		2	6		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-34475

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

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	9		2	7		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-34473

Amount of Each Disbursement this Period

1	0	0	0
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Memo Item

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

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

1	5	0	0
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1	5	0	0
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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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-34479

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	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	9		2	7		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-34481

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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	9		2	7		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-3448:

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

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

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

1	6	0	0	0	0	0	0	0	0
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1	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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	9		2	8		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34485
Amount of Each Disbursement this Period

[REDACTED] 242.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Police Officers Defense Alliance LLC

Mailing Address 4712 El Presidente Dr

City
Las Vegas

State
NV

Zip Code
89129

Purpose of Disbursement
Donation

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34487
Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City
Indianapolis

State
IN

Zip Code
46217

Purpose of Disbursement
Caging and Escrow

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34488
Amount of Each Disbursement this Period

[REDACTED] 13560.30

Memo Item

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

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

[REDACTED] 23802.32

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34491
Amount of Each Disbursement this Period
8872.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34493
Amount of Each Disbursement this Period
7573.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number

C
Transaction ID : SB21B-34491
Amount of Each Disbursement this Period
5077.80

Memo Item

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

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

21524.10

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34497
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34499
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-3450
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

Mailing Address 1350 W Southport Road Box 130

City
Indianapolis

State
IN

Zip Code
46217

Purpose of Disbursement
Caging and Escrow

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34503

Amount of Each Disbursement this Period

[REDACTED] 1493.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City
Indianapolis

State
IN

Zip Code
46217

Purpose of Disbursement
Caging and Escrow

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34505

Amount of Each Disbursement this Period

[REDACTED] 1680.90

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City
Indianapolis

State
IN

Zip Code
46217

Purpose of Disbursement
Caging and Escrow

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-34507

Amount of Each Disbursement this Period

[REDACTED] 3751.80

Memo Item

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

[REDACTED] 6926.40

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. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34509
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34511
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34511
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. Volunteer Firefighter Alliance

Mailing Address 800 S Gay Street
Suite 700

City Knoxville State TN Zip Code 37929

Purpose of Disbursement
Donation

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-34515
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-34517
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-34515
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34521
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34523
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-3452!
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/
Type

Candidate Name

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

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

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

[] 177.21

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2018

Mailing Address PO Box 930208

FEC Identification Number

C

Transaction ID : SB21B-34527
Amount of Each Disbursement this Period

59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2018

Mailing Address PO Box 930208

FEC Identification Number

C

Transaction ID : SB21B-34529
Amount of Each Disbursement this Period

59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2018

Mailing Address PO Box 930208

FEC Identification Number

C

Transaction ID : SB21B-34531
Amount of Each Disbursement this Period

59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

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

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

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

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 Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34533
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	8

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34535
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34537
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/
Type

Candidate Name

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

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

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

[] 177.21

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
09		21		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34539
Amount of Each Disbursement this Period

[] 59.07

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
09		28		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-34541
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

[] 001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

[] 118.14

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

[] 535623.65