

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 FIREFIGHTERS PAC

ADDRESS (number and street) **712 H STREET NE**
SUITE# 1118
 Check if different than previously reported. (ACC) **WASHINGTON DC 20002**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00639708 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

Signature of Treasurer *Kahn, Michael, , ,* [Electronically Filed] Date / /

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 FIREFIGHTERS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="4669.92"/>	<input type="text" value="4669.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1431.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5664.00"/>	<input type="text" value="99199.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7095.41"/>	<input type="text" value="103869.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6514.33"/>	<input type="text" value="103287.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="581.08"/>	<input type="text" value="581.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION FOR FIREFIGHTERS PAC

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).....	5564.00	92288.00
(ii) Unitemized	100.00	4850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5664.00	97138.00
(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)	5664.00	97138.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	2000.00
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	61.13
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)).....▶	5664.00	99199.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5664.00	99199.13

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	6514.33	101287.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6514.33	101287.97
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	2000.00
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)) ..	6514.33	103287.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6514.33	103287.97

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)	5664.00	97138.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5664.00	97138.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6514.33	101287.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6514.33	101287.97

**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 6 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

A. Batch Unitemized Contributions, Batch Unitemized, , ,

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

Mailing Address Main Street USA

City Anytown	State NH	Zip Code 00000
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **77648.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2018

Transaction ID : SA11AI.5428

Amount of Each Receipt this Period

4289.00

 Memo Item
 No contributor within has surpassed the \$200 annual Threshold.

B. Gen-EI-Mec Associates,Inc.

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

Mailing Address 2 Fox Hollow Road

City Oxford	State CT	Zip Code 06478
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2018

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period

175.00

 Memo Item

C. Jonathan J. Klein Attorney & Counselor At Law

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

Mailing Address 1445 Capitol Avenue

City Bridgeport	State CT	Zip Code 06604
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2018

Transaction ID : SA11AI.5186

Amount of Each Receipt this Period

150.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4614.00
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 29
	<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 FIREFIGHTERS PAC

A. Kahn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 H Street NE Suite# 1118
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2018
Transaction ID : SA11AI.5637
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Quantum Technology Partners
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Division Street West
 City Greenwich State CT Zip Code 06830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 05 / 2018
Transaction ID : SA11AI.5189
 Amount of Each Receipt this Period 250.00
 Memo Item

C. RIO BRAVO OF NORWALK INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 North Main Street
 City Norwalk State CT Zip Code 06854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 11 / 2018
Transaction ID : SA11AI.5190
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	5564.00

**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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address 1701 John F Kennedy Boulevard

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Internet Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5387
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Diaz, Ana, , ,

Mailing Address 26 Fiske Street

City Waterbury State CT Zip Code 06710

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5405
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Enterprise Rental Cars

Mailing Address 2500 East Main Street

City Waterbury State CT Zip Code 06705

Purpose of Disbursement
Rental Car

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5366
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 FIREFIGHTERS PAC

A. Integrated Solutions: Political

Full Name (Last, First, Middle Initial)

Mailing Address 4142 Adams Avenue
Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement
Compliance SaaS Cloud Software

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5371
Amount of Each Disbursement this Period

Memo Item

B. Kahn, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 712 H Street NE Suite# 1118

City Washington State DC Zip Code 20002

Purpose of Disbursement
Payroll

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5362
Amount of Each Disbursement this Period

Memo Item

C. Kahn, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 712 H Street NE Suite# 1118

City Washington State DC Zip Code 20002

Purpose of Disbursement
Payroll

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5367
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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 05 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C [] Transaction ID : SB21B.5372 Amount of Each Disbursement this Period [] 100.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Payroll		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	

Full Name (Last, First, Middle Initial) B. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 06 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C [] Transaction ID : SB21B.5374 Amount of Each Disbursement this Period [] 200.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Payroll		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	

Full Name (Last, First, Middle Initial) C. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 06 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C [] Transaction ID : SB21B.5375 Amount of Each Disbursement this Period [] 400.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Payroll		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 700.00
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 FIREFIGHTERS PAC

A. Kahn, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 712 H Street NE Suite# 1118

City Washington State DC Zip Code 20002

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5380

Amount of Each Disbursement this Period: 100.00

Memo Item

B. Kahn, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 712 H Street NE Suite# 1118

City Washington State DC Zip Code 20002

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5381

Amount of Each Disbursement this Period: 100.00

Memo Item

C. Kahn, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 712 H Street NE Suite# 1118

City Washington State DC Zip Code 20002

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5382

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.00

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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 10 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5383 Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 11 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5388 Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 12 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5391 Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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).....▶	300.00
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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 13 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5393 Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 13 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5394 Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 14 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5395 Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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)..... ▶

300.00

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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 17 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C [] Transaction ID : SB21B.5398
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Payroll	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 20.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 17 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C [] Transaction ID : SB21B.5399
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Payroll	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 100.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 17 / 2018
Mailing Address 712 H Street NE Suite# 1118		FEC Identification Number C [] Transaction ID : SB21B.5400
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Payroll	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 100.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

[] 220.00

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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 18 / 2018	
Mailing Address 712 H Street NE Suite# 1118			
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement Payroll		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 40.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 27 / 2018	
Mailing Address 712 H Street NE Suite# 1118			
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement Payroll		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 100.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 12 / 28 / 2018	
Mailing Address 712 H Street NE Suite# 1118			
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement Payroll		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 120.00		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	260.00
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 FIREFIGHTERS PAC

A. Mercury #37

Full Name (Last, First, Middle Initial)

Mailing Address Thomaston Avenue

City Waterbury State CT Zip Code 06704

Purpose of Disbursement Fuel for In Person Fulfillment of Contributions

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5356

Amount of Each Disbursement this Period: 36.96

Memo Item

B. Morlando, Anthony, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2 Sunnyside Avenue

City Watertown State CT Zip Code 06779

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5358

Amount of Each Disbursement this Period: 485.00

Memo Item

C. Nationbuilder

Full Name (Last, First, Middle Initial)

Mailing Address 520 South Grand Avenue
2nd Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Monthly Website Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5386

Amount of Each Disbursement this Period: 29.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 550.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

A. Orten, Valerie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 100 Scovill Street

City Waterbury State CT Zip Code 06704

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5376

Amount of Each Disbursement this Period: 562.50

Memo Item

B. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City Fresno State CA Zip Code 93703

Purpose of Disbursement Caged Online Donation Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5354

Amount of Each Disbursement this Period: 2.33

Memo Item

C. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City Fresno State CA Zip Code 93703

Purpose of Disbursement Caged Online Donation Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5396

Amount of Each Disbursement this Period: 0.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 565.71

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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 2211 North First Street

City Fresno State CA Zip Code 93703

Purpose of Disbursement
Caged Online Donation Processing Fee

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5410
Amount of Each Disbursement this Period
1.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Safety Support LLC

Mailing Address 50 Waterbury Road Suite#210

City Prospect State CT Zip Code 06712

Purpose of Disbursement
Payroll

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5426
Amount of Each Disbursement this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Smith, Richard, , ,

Mailing Address Homecrest Place

City Stratford State CT Zip Code 06615

Purpose of Disbursement
Payroll

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 10 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5384
Amount of Each Disbursement this Period
140.00

Memo Item

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

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

341.03

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Smith, Richard, , ,		Date of Disbursement MM / DD / YYYY 12 / 18 / 2018	
Mailing Address Homecrest Place		FEC Identification Number C [] Transaction ID : SB21B.5407 Amount of Each Disbursement this Period [] 145.00	
City Stratford	State CT	Zip Code 06615	Category/Type []
Purpose of Disbursement Payroll		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. Sullivan, James, , ,		Date of Disbursement MM / DD / YYYY 11 / 27 / 2018	
Mailing Address Englewood Avenue		FEC Identification Number C [] Transaction ID : SB21B.5353 Amount of Each Disbursement this Period [] 25.00	
City Waterbury	State CT	Zip Code 06705	Category/Type []
Purpose of Disbursement Payroll		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. Sullivan, James, , ,		Date of Disbursement MM / DD / YYYY 12 / 12 / 2018	
Mailing Address Englewood Avenue		FEC Identification Number C [] Transaction ID : SB21B.5390 Amount of Each Disbursement this Period [] 150.00	
City Waterbury	State CT	Zip Code 06705	Category/Type []
Purpose of Disbursement Payroll		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).....▶	[] 320.00
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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Sullivan, James, , ,		Date of Disbursement MM / DD / YYYY 12 / 20 / 2018	
Mailing Address Englewood Avenue		FEC Identification Number C [] Transaction ID : SB21B.5415 Amount of Each Disbursement this Period [] 200.00	
City Waterbury	State CT	Zip Code 06705	Category/Type []
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. Td Bank		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018	
Mailing Address 2 West Main Street		FEC Identification Number C [] Transaction ID : SB21B.5355 Amount of Each Disbursement this Period [] 10.00	
City Waterbury	State CT	Zip Code 06702	Category/Type []
Purpose of Disbursement			
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. Td Bank		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018	
Mailing Address 2 West Main Street		FEC Identification Number C [] Transaction ID : SB21B.5357 Amount of Each Disbursement this Period [] 85.00	
City Waterbury	State CT	Zip Code 06702	Category/Type []
Purpose of Disbursement			
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).....▶	[] 295.00
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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2018			

FEC Identification Number

C []
Transaction ID : SB21B.5368
 Amount of Each Disbursement this Period
 [] 3.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2018			

FEC Identification Number

C []
Transaction ID : SB21B.5369
 Amount of Each Disbursement this Period
 [] 3.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2018			

FEC Identification Number

C []
Transaction ID : SB21B.5417
 Amount of Each Disbursement this Period
 [] 85.00

Memo Item

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

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

[]	91.00
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[]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Td Bank

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				31				2018					

Mailing Address 2 West Main Street

FEC Identification Number

C []
Transaction ID : SB21B.5424
 Amount of Each Disbursement this Period
 [] 10.00

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

[]
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Td Bank

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				31				2018					

Mailing Address 2 West Main Street

FEC Identification Number

C []
Transaction ID : SB21B.5425
 Amount of Each Disbursement this Period
 [] 30.00

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

[]
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Usps

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				03				2018					

Mailing Address 900 Brentwood Road N.E.

FEC Identification Number

C []
Transaction ID : SB21B.5363
 Amount of Each Disbursement this Period
 [] 6.55

City Washington State DC Zip Code 20066

Purpose of Disbursement
PREMIUM COMMERCIAL MAIL FOWARDING - PRIORITY

[]
Category/Type

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)..... ▶

[] 46.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2018

FEC Identification Number

C
Transaction ID : **SB21B.5378**
Amount of Each Disbursement this Period
6.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement
PREMIUM COMMERCIAL MAIL FOWARDING - 2 PRIORITY MAIL CHARGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2018

FEC Identification Number

C
Transaction ID : **SB21B.5411**
Amount of Each Disbursement this Period
13.10

Memo Item

Full Name (Last, First, Middle Initial)

C. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement
PREMIUM COMMERCIAL MAIL FOWARDING - PRIORITY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2018

FEC Identification Number

C
Transaction ID : **SB21B.5416**
Amount of Each Disbursement this Period
6.55

Memo Item

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

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

26.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement
PREMIUM COMMERCIAL MAIL FOWARDING - PRIORITY

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 27 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5419
Amount of Each Disbursement this Period
6.55

Memo Item

Full Name (Last, First, Middle Initial)

B. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement
PREMIUM COMMERCIAL MAIL FOWARDING - PRIORITY

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5422
Amount of Each Disbursement this Period
6.55

Memo Item

Full Name (Last, First, Middle Initial)

C. Valentino, Louis, , ,

Mailing Address 30 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement
Payroll

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5361
Amount of Each Disbursement this Period
120.00

Memo Item

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

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

133.10

**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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Valentino, Louis, , ,		Date of Disbursement MM / DD / YYYY 12 / 07 / 2018	
Mailing Address 30 West Main Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5377 Amount of Each Disbursement this Period [REDACTED] 40.00	
City Waterbury	State CT	Zip Code 06702	Category/ Type [REDACTED]
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. Valentino, Louis, , ,		Date of Disbursement MM / DD / YYYY 12 / 17 / 2018	
Mailing Address 30 West Main Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5397 Amount of Each Disbursement this Period [REDACTED] 34.00	
City Waterbury	State CT	Zip Code 06702	Category/ Type [REDACTED]
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. Vanillasoft Corp		Date of Disbursement MM / DD / YYYY 12 / 19 / 2018	
Mailing Address 5600 Tennyson Parkway Suite #250		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5412 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Plano	State TX	Zip Code 75024	Category/ Type [REDACTED]
Purpose of Disbursement CRM SaaS Cloud Based		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)..... ▶

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

[REDACTED] 174.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address P.O. Box 291089

City Columbia State SC Zip Code 29229

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2018

FEC Identification Number

C
Transaction ID : **SB21B.5373**
Amount of Each Disbursement this Period
11.21

Memo Item

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address P.O. Box 291089

City Columbia State SC Zip Code 29229

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2018

FEC Identification Number

C
Transaction ID : **SB21B.5404**
Amount of Each Disbursement this Period
43.11

Memo Item

Full Name (Last, First, Middle Initial)

C. Viega, David, , ,

Mailing Address 136 Howard Avenue

City Prospect State CT Zip Code 06712

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2018

FEC Identification Number

C
Transaction ID : **SB21B.5389**
Amount of Each Disbursement this Period
187.50

Memo Item

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

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

241.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Viega, David, , ,		Date of Disbursement MM / DD / YYYY 12 / 20 / 2018	
Mailing Address 136 Howard Avenue		FEC Identification Number C	
City Prospect	State CT	Zip Code 06712	Transaction ID : SB21B.5414
Purpose of Disbursement Payroll		Category/Type	Amount of Each Disbursement this Period 595.00
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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	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).....▶	595.00
TOTAL This Period (last page this line number only).....▶	6220.93

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ASSOCIATION FOR FIREFIGHTERS PAC** Transaction ID : **SC/10.4860**

LOAN SOURCE Full Name (Last, First, Middle Initial) Safety Support LLC		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 50 Waterbury Road - Suite#210			
City Prospect	State CT	ZIP Code 06712	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	2000.00	- 1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 19 / 2018	MM / DD / YYYY 06/01/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶	- 1000.00
TOTALS This Period (last page in this line only)..... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ASSOCIATION FOR FIREFIGHTERS PAC** Transaction ID : **SC/10.4861**

LOAN SOURCE Full Name (Last, First, Middle Initial) Safety Support LLC		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 50 Waterbury Road - Suite#210			
City Prospect	State CT	ZIP Code 06712	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 26 / 2018	MM / DD / YYYY 06/01/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.