

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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  /  /  2019 through  /  /  2019

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

Signature of Treasurer Piaro, Robert, , , [Electronically Filed] Date  /  /  2019

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		69248.92
(b) Cash on Hand at Beginning of Reporting Period.....	69248.92	
(c) Total Receipts (from Line 19) .....	380901.49	380901.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	450150.41	450150.41
7. Total Disbursements (from Line 31).....	408636.73	408636.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41513.68	41513.68
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	609.39	

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: 01 / 01 / 2019 To: 06 / 30 / 2019

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).....	20780.00	20780.00
(ii) Unitemized .....	360121.49	360121.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	380901.49	380901.49
(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) .....	380901.49	380901.49
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)).....▶	380901.49	380901.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	380901.49	380901.49

**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 .....	408636.73	408636.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	408636.73	408636.73
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)) ..	408636.73	408636.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	408636.73	408636.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	380901.49	380901.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	380901.49	380901.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	408636.73	408636.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	408636.73	408636.73

**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 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. AARA ESTERADA, HECTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6242 SUWANEE DAM RD  
 City BUFORD State GA Zip Code 30518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 07 / 2019  
**Transaction ID : SA11AI-16160476**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. ALBERT, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 E 72ND ST FL 41  
 City NEW YORK State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 28 / 2019  
**Transaction ID : SA11AI-16160611**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. ALBERT, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 E 72ND ST FL 41  
 City NEW YORK State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 03 / 2019  
**Transaction ID : SA11AI-16160612**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 157
<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. ANDERSON, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 CABIN CREEK RD  
 City WINCHESTER State KY Zip Code 40391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **01 / 03 / 2019**  
**Transaction ID : SA11AI-16160757**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. ARMSTRONG, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 BALDRIDGE RD  
 City ANNAPOLIS State MD Zip Code 21401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENGINEERING CO Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 17 / 2019**  
**Transaction ID : SA11AI-16160882**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. BANDYOPADHYAY, SAUMYABRATA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1097 WHITE CLIFF DR  
 City SAN JOSE State CA Zip Code 95129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENIOR DIIRECTOR Occupation (for Individual) NET APP INC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **06 / 08 / 2019**  
**Transaction ID : SA11AI-16161134**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 157  
(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. BOTT, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 FARQUHAR AVE  
 STE 14  
 City LOS ALAMITOS State CA Zip Code 90720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 15 / 2019  
**Transaction ID : SA11AI-16161749**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BOTT, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 FARQUHAR AVE  
 STE 14  
 City LOS ALAMITOS State CA Zip Code 90720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSULTANT Occupation (for Individual) SELFEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 16 / 2019  
**Transaction ID : SA11AI-16161748**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BROOKS, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6092 IVORY CIR  
 City HUNTINGTON BEACH State CA Zip Code 92647  
 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 ▼ 250.00

Date of Receipt 02 / 01 / 2019  
**Transaction ID : SA11AI-16162009**  
 Amount of Each Receipt this Period 250.00  
 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 9 OF 157
<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. BURKS, LYNNETTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4005 RED BRIAR TRL

City DEER PARK	State TX	Zip Code 77536
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FEC ID number of contributing federal political committee. **C**

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

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
05	/	17	/	2019

**Transaction ID : SA11AI-16162244**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. BURKS, LYNNETTE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4005 RED BRIAR TRL

City DEER PARK	State TX	Zip Code 77536
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FEC ID number of contributing federal political committee. **C**

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

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
05	/	25	/	2019

**Transaction ID : SA11AI-16162246**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 4005 RED BRIAR TRL

City DEER PARK	State TX	Zip Code 77536
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FEC ID number of contributing federal political committee. **C**

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

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
05	/	28	/	2019

**Transaction ID : SA11AI-16162245**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 157
	<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. BUTLER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3744 WINFORD DR  
 City TARZANA State CA Zip Code 91356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 12 / 2019  
**Transaction ID : SA11AI-16162320**  
 Amount of Each Receipt this Period 255.00  
 Memo Item

**B. CAUCHOIS, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MILBANK AVE APT 2D  
 City GREENWICH State CT Zip Code 06830  
 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 01 / 28 / 2019  
**Transaction ID : SA11AI-16162652**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. CAUCHOIS, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MILBANK AVE APT 2D  
 City GREENWICH State CT Zip Code 06830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 28 / 2019  
**Transaction ID : SA11AI-16162653**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	655.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 157
<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. CLINE, CLAUDIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 RAMONA EXPY  
 APT 26  
 City PERRIS State CA Zip Code 92571  
 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 ▼ 400.00

Date of Receipt 05 / 21 / 2019  
**Transaction ID : SA11AI-16162918**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. CLINE, CLAUDIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 RAMONA EXPY  
 APT 26  
 City PERRIS State CA Zip Code 92571  
 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 ▼ 400.00

Date of Receipt 05 / 22 / 2019  
**Transaction ID : SA11AI-16162919**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. DARLAND JR, WAYNE B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11840 SOPHIA DR  
 APT 4309  
 City TAMPA State FL Zip Code 33637  
 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 02 / 06 / 2019  
**Transaction ID : SA11AI-16163470**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 157
	<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. DARLAND JR, WAYNE B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11840 SOPHIA DR  
 APT 4309  
 City TAMPA State FL Zip Code 33637  
 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 **02 / 11 / 2019**  
**Transaction ID : SA11AI-16163471**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. DOBARD, CHRISTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2305 KINGSBURY LN  
 City WOODBRIDGE State VA Zip Code 22192  
 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 **04 / 11 / 2019**  
**Transaction ID : SA11AI-16163844**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. EANDYOPAEHYAY, SAUMYABRATA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1097 WHITE CLIFF DR  
 City SAN JOSE State CA Zip Code 95129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NET APP INC Occupation (for Individual) SENIOR DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **06 / 08 / 2019**  
**Transaction ID : SA11AI-16164106**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ELLINGTON, JOHNIE D, , ,

Mailing Address 313 ALLEN AVE

City HOPEWELL	State VA	Zip Code 23860
------------------	-------------	-------------------

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  

M M	D D	Y Y Y Y
01	03	2019

**Transaction ID : SA11AI-16164242**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
EMMICK, GLORIA, , ,

Mailing Address PO BOX 2322

City SIOUX FALLS	State SD	Zip Code 57101
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WIND WALKER	Occupation (for Individual) TRUCK DRIVER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	D D	Y Y Y Y
01	28	2019

**Transaction ID : SA11AI-16164287**

Amount of Each Receipt this Period  
200.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
FEIST, DONOVAN J, , ,

Mailing Address 1202 TROUT DR

City WOODSTOCK	State GA	Zip Code 30189
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M	D D	Y Y Y Y
05	08	2019

**Transaction ID : SA11AI-16164480**

Amount of Each Receipt this Period  
215.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	665.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 157
<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. FOSTER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 GREENTREE RD  
 City CHAGRIN FALLS State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSInESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 29 / 2019**  
**Transaction ID : SA11AI-16164739**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. FRIERSON, TERRY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3635  
 City VICTORVILLE State CA Zip Code 92393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 27 / 2019**  
**Transaction ID : SA11AI-16164862**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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) WINDROSE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **06 / 11 / 2019**  
**Transaction ID : SA11AI-16165106**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 157
	<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. 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 ▼ 420.00

Date of Receipt 06 / 12 / 2019  
**Transaction ID : SA11AI-16165105**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**B. GROTE, FREDERICK B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 W ORAIBI DR  
 City PHOENIX State AZ Zip Code 85027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISABLED Occupation (for Individual) DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 10 / 2019  
**Transaction ID : SA11AI-16165596**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. GRUBB, WILLIAM R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6015 W 119TH ST APT 2110  
 City OVERLAND PARK State KS Zip Code 66209  
 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 01 / 03 / 2019  
**Transaction ID : SA11AI-16165606**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	910.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 157
<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. HAMBRICK, JOSEPHINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 529 6TH ST NW  
 City HICKORY State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 02 / 2019  
**Transaction ID : SA11AI-16165765**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. HAMBRICK, JOSEPHINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 529 6TH ST NW  
 City HICKORY State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2019  
**Transaction ID : SA11AI-16165766**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. HUGHES, LORRAINE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 FORT HEMBREE ST  
 City HAYESVILLE State NC Zip Code 28904  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2019  
**Transaction ID : SA11AI-16166633**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

**A. HUGHS, LORRAINE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 FORT HEMBREE ST  
 City HAYESVILLE State NC Zip Code 28904  
 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 ▼ 225.00

Date of Receipt 05 / 11 / 2019  
**Transaction ID : SA11AI-16166634**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. JACKSON, DOUGLAS E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3088 LENOX RD NE APT 323  
 City ATLANTA State GA Zip Code 30324  
 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 01 / 21 / 2019  
**Transaction ID : SA11AI-16166783**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. JONES, GLINDA DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8177 S HARVARD AVE STE 220  
 City TULSA State OK Zip Code 74137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 04 / 2019  
**Transaction ID : SA11AI-16167125**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 157
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
JONES, MARLENE A, , ,

Mailing Address 21 WIMBLEDON LN

City TRACY	State CA	Zip Code 95376
---------------	-------------	-------------------

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  
 02 / 02 / 2019

**Transaction ID : SA11AI-16167141**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
JONES, MARLENE, , ,

Mailing Address 1073 SPRING MEADOW DR

City MANTECA	State CA	Zip Code 95336
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2019

**Transaction ID : SA11AI-16167140**

Amount of Each Receipt this Period  
310.00

Memo Item

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

Mailing Address 21 WIMBLEDON LN

City TRACY	State CA	Zip Code 95376
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2019

**Transaction ID : SA11AI-16167138**

Amount of Each Receipt this Period  
310.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	920.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 157
<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  
KAMRAVA, DAVID, , ,

Mailing Address 7320 WOODLAKE AVE  
STE 290

City WEST HILLS State CA Zip Code 91307

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  
MM / DD / YYYY  
05 / 06 / 2019

**Transaction ID : SA11AI-16167246**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KAMRAVA, DAVID, , ,

Mailing Address 7320 WOODLAKE AVE  
STE 290

City WEST HILLS State CA Zip Code 91307

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  
MM / DD / YYYY  
05 / 28 / 2019

**Transaction ID : SA11AI-16167247**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 4 SILVER FIR CT

City LITTLETON State CO Zip Code 80127

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

Name of Employer (for Individual) HOME MAKER Occupation (for Individual) HOME MAKER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2019

**Transaction ID : SA11AI-16167268**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 157
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KARAS, JEANNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 SILVER FIR CT  
 City LITTLETON State CO Zip Code 80127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 03 / 2019  
**Transaction ID : SA11AI-16167269**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. KAUFMAN, TYRUS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1560 N SANDBURG TER APT 1410  
 City CHICAGO State IL Zip Code 60610  
 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 02 / 18 / 2019  
**Transaction ID : SA11AI-16167294**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. KING, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 WAKARUSA DR APT 110  
 City LAWRENCE State KS Zip Code 66049  
 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 01 / 02 / 2019  
**Transaction ID : SA11AI-16167466**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 157
	<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. KING, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 WAKARUSA DR  
 APT 110  
 City LAWRENCE State KS Zip Code 66049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2019  
**Transaction ID : SA11AI-16167467**  
 Amount of Each Receipt this Period  
 115.00  
 Memo Item

**B. KOHR, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2019  
**Transaction ID : SA11AI-16167628**  
 Amount of Each Receipt this Period  
 215.00  
 Memo Item

**C. KOHR, CHRISTINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2019  
**Transaction ID : SA11AI-16167629**  
 Amount of Each Receipt this Period  
 215.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 157
	<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

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. LARA, HECTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6242 SUWANEE DAM RD  
 City SUGAR HILL State GA Zip Code 30518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 07 / 2019  
**Transaction ID : SA11AI-16167856**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. LARA, HECTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6242 SUWANEE DAM RD  
 City SUGAR HILL State GA Zip Code 30518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2019  
**Transaction ID : SA11AI-16167855**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. LAWS, ALONZO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 171 LASSEN DR  
 City SAN BRUNO State CA Zip Code 94066  
 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 01 / 18 / 2019  
**Transaction ID : SA11AI-16167923**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 157
	<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. LAWS, CALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 171 LASSEN DR  
 City SAN BRUNO State CA Zip Code 94066  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2019  
**Transaction ID : SA11AI-16167924**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. MARTINEZ, LUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 PAT CRUZ  
 City EL PASO State TX Zip Code 79932  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2019  
**Transaction ID : SA11AI-16168639**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. MARTINEZ, LUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 PAT CRUZ  
 City EL PASO State TX Zip Code 79932  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2019  
**Transaction ID : SA11AI-16168640**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 157
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MASISAK, JERRY E, , ,

Mailing Address 4535 BRIDLE CT

City AVON	State OH	Zip Code 44011
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		07		2019

**Transaction ID : SA11AI-16168659**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MASISAK, JERRY E, , ,

Mailing Address 4535 BRIDLE CT

City AVON	State OH	Zip Code 44011
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		03		2019

**Transaction ID : SA11AI-16168660**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 4535 BRIDLE CT

City AVON	State OH	Zip Code 44011
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		03		2019

**Transaction ID : SA11AI-16168658**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 157
	<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. MATHUR, MONICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36752 CRANLYN TER  
 City AVON State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PODIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 24 / 2019  
**Transaction ID : SA11AI-16168695**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. MATHUR, MONICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36752 CRANLYN TER  
 City AVON State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) SELF Occupation (for Individual) PODIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 25 / 2019  
**Transaction ID : SA11AI-16168694**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MOHAN, DONNA V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2293 LINDSAY DR  
 City CARLSBAD State CA Zip Code 92008  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 02 / 20 / 2019  
**Transaction ID : SA11AI-16169399**  
 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 26 OF 157
<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. MOHAN, DONNA V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2293 LINDSAY DR  
 City CARLSBAD State CA Zip Code 92008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 06 / 06 / 2019  
**Transaction ID : SA11AI-16169400**  
 Amount of Each Receipt this Period 255.00  
 Memo Item

**B. MOHAN, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2293 LINDSAY DR  
 City CARLSBAD State CA Zip Code 92008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 06 / 2019  
**Transaction ID : SA11AI-16169397**  
 Amount of Each Receipt this Period 255.00  
 Memo Item

**C. 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 ▼ 300.00

Date of Receipt 04 / 08 / 2019  
**Transaction ID : SA11AI-16169579**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	810.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 157
	<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. NEER, VEESHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 TARA WAY  
APT 11

City PENNINGTON State NJ Zip Code 08534

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 ▼ 550.00

Date of Receipt 01 / 03 / 2019  
**Transaction ID : SA11AI-16169803**

Amount of Each Receipt this Period 50.00

Memo Item

**B. NEER, VEESHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 TARA WAY  
APT 11

City PENNINGTON State NJ Zip Code 08534

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 ▼ 550.00

Date of Receipt 05 / 21 / 2019  
**Transaction ID : SA11AI-16169804**

Amount of Each Receipt this Period 500.00

Memo Item

**C. OBAYANGBAN, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5808 CREEKRIDGE DR

City ARLINGTON State TX Zip Code 76018

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

Name of Employer (for Individual) CHURCH Occupation (for Individual) PASTOR

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 02 / 2019  
**Transaction ID : SA11AI-16170042**

Amount of Each Receipt this Period 200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 157
	<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. OBRIEN, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 SOUTHWYCK DR  
 City CHAGRIN FALLS State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STAY AT HOME MOM Occupation (for Individual) STAY AT HOME MOM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2019  
**Transaction ID : SA11AI-16170051**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. OMOTAYO, ADEWELE G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9701 GOODWARD TER  
 City NORTH CHESTERFIELD State VA Zip Code 23236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TRANSPORTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 02 / 26 / 2019  
**Transaction ID : SA11AI-16170158**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. OMOTAYO, ADEWELE G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9701 GOODWARD TER  
 City NORTH CHESTERFIELD State VA Zip Code 23236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TRANSPORTIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 06 / 06 / 2019  
**Transaction ID : SA11AI-16170159**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 157
	<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. PARVIN, ROBERT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55201 BUREL ROAD  
 City RALEIGH State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RALLY EAST CONCRETE Occupation (for Individual) CONCRETE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2019  
**Transaction ID : SA11AI-16170409**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. POLAMALU, THEODORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 5005  
 City RANCHO SANTA FE State CA Zip Code 92067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 05 / 2019  
**Transaction ID : SA11AI-16170823**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**C. RAUTH, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2348 SUNCREST ST  
 City ATWATER State CA Zip Code 95301  
 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 05 / 01 / 2019  
**Transaction ID : SA11AI-16171142**  
 Amount of Each Receipt this Period 315.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1265.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 157
	<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. RHOADES, BRIAN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49W020 SCOTT RD  
 City BIG ROCK State IL Zip Code 60511  
 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 01 / 09 / 2019  
**Transaction ID : SA11AI-16171305**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. SARAJ, SHAHRIAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3613 COUNTRYWOOD CT  
 City SAN JOSE State CA Zip Code 95130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FRY ELECTRONICS Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 09 / 2019  
**Transaction ID : SA11AI-16171969**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. SEKULER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1481 S CENTERVILLE RD  
 City CENTERVILLE State IN Zip Code 47330  
 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 04 / 11 / 2019  
**Transaction ID : SA11AI-16172210**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 157
	<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. SELBY, JOEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2431

City PLACERVILLE	State CA	Zip Code 95667
---------------------	-------------	-------------------

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 / D D / Y Y Y Y Y Y  
 02 / 11 / 2019  
**Transaction ID : SA11AI-16172211**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. SELBY, JOEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2431

City PLACERVILLE	State CA	Zip Code 95667
---------------------	-------------	-------------------

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 / D D / Y Y Y Y Y Y  
 04 / 08 / 2019  
**Transaction ID : SA11AI-16172212**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. SMITH, TERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 392 FOSSIL ROCK DR

City AZLE	State TX	Zip Code 76020
--------------	-------------	-------------------

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 / D D / Y Y Y Y Y Y  
 02 / 25 / 2019  
**Transaction ID : SA11AI-16172688**

Amount of Each Receipt this Period  
 200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 157
	<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 JR, SIDNEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1119 FAYNE RD  
 City BRIGHTON State TN Zip Code 38011  
 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 01 / 10 / 2019  
**Transaction ID : SA11AI-16172708**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. STANAJ, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21365 GOLDSMITH ST  
 City FARMINGTON State MI Zip Code 48335  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) DTS CONTRACTING Occupation (for Individual) ESTIMATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 19 / 2019  
**Transaction ID : SA11AI-16172867**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. STANFORD, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9025  
 City PECOS State TX Zip Code 79772  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RANCHER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 08 / 2019  
**Transaction ID : SA11AI-16172873**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 157
	<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. STILWELL, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 PEBBLE RIDGE DR N  
 City JACKSONVILLE State FL Zip Code 32220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CITY OF JACKSONVILLE Occupation (for Individual) TAX ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 04 / 2019  
**Transaction ID : SA11AI-16173000**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. STILWELL, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 PEBBLE RIDGE DR N  
 City JACKSONVILLE State FL Zip Code 32220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CITY OF JACKSONVILLE Occupation (for Individual) TAX ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 01 / 2019  
**Transaction ID : SA11AI-16173001**  
 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) WE TALK DOG Occupation (for Individual) DOG TRAINER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 04 / 2019  
**Transaction ID : SA11AI-16173130**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

**A. SYKES, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1094 WYATTS MILL RD  
 City JARRATT State VA Zip Code 23867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEAT COMPANY Occupation (for Individual) SUPERVISOR  
 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  
 02 / 22 / 2019  
**Transaction ID : SA11AI-16173212**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. UPTON, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 523 S 14TH ST  
 City YAKIMA State WA Zip Code 98901  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2019  
**Transaction ID : SA11AI-16173778**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. VILLALOBOS, JUAN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 733 S ALMADEN AVE  
 City SAN JOSE State CA Zip Code 95110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) LANDSCAPE  
 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  
 01 / 07 / 2019  
**Transaction ID : SA11AI-16173948**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 157
	<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. VILLARREAL, ELSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 AQUA VISTA LN  
 City RICHMOND State TX Zip Code 77469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 04 / 2019  
**Transaction ID : SA11AI-16173953**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. WATTS, DLYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24808 NE COLBERN RD  
 City LEES SUMMIT State MO Zip Code 64086  
 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 02 / 18 / 2019  
**Transaction ID : SA11AI-16174215**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. WATTS, DLYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24808 NE COLBERN RD  
 City LEES SUMMIT State MO Zip Code 64086  
 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 03 / 04 / 2019  
**Transaction ID : SA11AI-16174216**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 157
	<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. WILKINS, BETSY E, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20475 E WALNUT DR

City LINDEN	State CA	Zip Code 95236
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M / D D / Y Y Y Y Y
01 / 18 / 2019

**Transaction ID : SA11AI-16174543**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

**B. WILKINS, BETSY E, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20475 E WALNUT DR

City LINDEN	State CA	Zip Code 95236
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M / D D / Y Y Y Y Y
06 / 07 / 2019

**Transaction ID : SA11AI-16174544**

Amount of Each Receipt this Period  

350.00
--------

 Memo Item

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

Mailing Address 20475 E WALNUT DR

City LINDEN	State CA	Zip Code 95236
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M / D D / Y Y Y Y Y
06 / 07 / 2019

**Transaction ID : SA11AI-16174542**

Amount of Each Receipt this Period  

350.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 157
	<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. WINDHORST, DAVID R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 SPRING FARMS DR  
 City FLOYDS KNOBS State IN Zip Code 47119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) KINDRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2019  
**Transaction ID : SA11AI-16174726**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. WOLF, DAVID M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 W 4TH ST  
 City EAST GREENVILLE State PA Zip Code 18041  
 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 01 / 03 / 2019  
**Transaction ID : SA11AI-16174773**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. WRIGHT, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8602 VERDE LN APT 1202  
 City TAMPA State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 07 / 2019  
**Transaction ID : SA11AI-16174872**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 157
	<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. YOUNGWOLF, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 388  
 City NEW TOWN State ND Zip Code 58763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2019  
**Transaction ID : SA11AI-16174974**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. ZAKUTANSKY, J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11930 AVON WAY APT 202  
 City LOS ANGELES State CA Zip Code 90066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCLA Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2019  
**Transaction ID : SA11AI-16174981**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20780.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address W4960 Kohler Drive

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-27783**

Amount of Each Disbursement this Period

254.77

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address W4960 Kohler Drive

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-27783**

Amount of Each Disbursement this Period

254.75

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address W4960 Kohler Drive

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-27783**

Amount of Each Disbursement this Period

254.77

Memo Item

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

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

764.29

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 25 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 01 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-2778: Amount of Each Disbursement this Period [REDACTED] 254.75	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 764.28	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[REDACTED]	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 15 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27783 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 01 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27784 Amount of Each Disbursement this Period [REDACTED] 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 764.30	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[REDACTED]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 08 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27784</b> Amount of Each Disbursement this Period [ ] 254.75	
Purpose of Disbursement payroll		Category/ Type 001	<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>B. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 15 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27784</b> Amount of Each Disbursement this Period [ ] 254.77	
Purpose of Disbursement payroll		Category/ Type 001	<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>C. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 22 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27784</b> Amount of Each Disbursement this Period [ ] 254.77	
Purpose of Disbursement payroll		Category/ Type 001	<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:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 764.29	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27784

Amount of Each Disbursement this Period: 254.76

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27784

Amount of Each Disbursement this Period: 254.76

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27784

Amount of Each Disbursement this Period: 254.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 764.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 19 / 2019		
Mailing Address W4960 Kohler Drive					
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27784</b> Amount of Each Disbursement this Period [ ] 254.77		
Purpose of Disbursement payroll		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>B. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 26 / 2019		
Mailing Address W4960 Kohler Drive					
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27784</b> Amount of Each Disbursement this Period [ ] 254.75		
Purpose of Disbursement payroll		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>C. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 03 / 2019		
Mailing Address W4960 Kohler Drive					
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27784</b> Amount of Each Disbursement this Period [ ] 254.77		
Purpose of Disbursement payroll		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:					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 764.29		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]		

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 10 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27785 Amount of Each Disbursement this Period 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 17 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27785 Amount of Each Disbursement this Period 254.77	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 24 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-27785 Amount of Each Disbursement this Period 254.76	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			764.29	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27785</b> Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27785</b> Amount of Each Disbursement this Period [REDACTED] 254.77	
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>C. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27785</b> Amount of Each Disbursement this Period [REDACTED] 254.77	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 764.30
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 14 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27785</b> Amount of Each Disbursement this Period [ ] 254.76	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 14 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27785</b> Amount of Each Disbursement this Period [ ] 254.76	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 21 / 2019	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-27785</b> Amount of Each Disbursement this Period [ ] 254.76	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 764.28	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.39	
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>C. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.39	
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)..... ▶

1677.54

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.40	
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>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.39	
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>C. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.39	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2134.18
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.40	
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>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.40	
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>C. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27786</b> Amount of Each Disbursement this Period [REDACTED] 711.39	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2134.19
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2019

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27786**  
Amount of Each Disbursement this Period  
[REDACTED] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2019

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27787**  
Amount of Each Disbursement this Period  
[REDACTED] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2019

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27788**  
Amount of Each Disbursement this Period  
[REDACTED] 761.24

Memo Item

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

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

2283.72
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[REDACTED]
------------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2019	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="text" value="001"/> Category/ Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-27787</b> Amount of Each Disbursement this Period <input type="text" value="761.25"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2019	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="text" value="001"/> Category/ Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-27787</b> Amount of Each Disbursement this Period <input type="text" value="761.24"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019	
Mailing Address 8444 County Road M			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="text" value="001"/> Category/ Type	
Candidate Name		FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-27787</b> Amount of Each Disbursement this Period <input type="text" value="761.24"/>	
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)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Piaro, Robert, , ,**

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
04		12		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

[REDACTED] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

[REDACTED] 761.25

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

[REDACTED] 761.25

Memo Item

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

[REDACTED] 2283.74

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

[REDACTED] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27787

Amount of Each Disbursement this Period

[REDACTED] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27788

Amount of Each Disbursement this Period

[REDACTED] 761.24

Memo Item

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

[REDACTED] 2283.72

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27788</b> Amount of Each Disbursement this Period [REDACTED] 761.25	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27788</b> Amount of Each Disbursement this Period [REDACTED] 761.24	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27788</b> Amount of Each Disbursement this Period [REDACTED] 761.24	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2283.73
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2019			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27788**  
Amount of Each Disbursement this Period  
[ ] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. Piaro, Robert, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			14			2019			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27788**  
Amount of Each Disbursement this Period  
[ ] 761.24

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			14			2019			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27788**  
Amount of Each Disbursement this Period  
[ ] 761.24

Memo Item

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

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

2283.72
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27788</b> Amount of Each Disbursement this Period [REDACTED] 761.24	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27788</b> Amount of Each Disbursement this Period [REDACTED] 761.25	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2019	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27788</b> Amount of Each Disbursement this Period [REDACTED] 237.15	
City Random Lake	State WI	Zip Code 53075	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)..... ▶

1759.64

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Stetler, Melissa, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 11 / 2019

FEC Identification Number C

Transaction ID : SB21B-27789

Amount of Each Disbursement this Period 237.13

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 18 / 2019

FEC Identification Number C

Transaction ID : SB21B-27789

Amount of Each Disbursement this Period 237.15

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 25 / 2019

FEC Identification Number C

Transaction ID : SB21B-27789

Amount of Each Disbursement this Period 237.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 711.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Stetler, Melissa, , ,**

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27789**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27789**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27789**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Stetler, Melissa, , ,**

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-27789**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27789**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27789**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Stetler, Melissa, , ,**

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-27789**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27790**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27791**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Stetler, Melissa, , ,**

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	05	/	2019

FEC Identification Number

C

Transaction ID : SB21B-27790

Amount of Each Disbursement this Period

237.14
--------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27790

Amount of Each Disbursement this Period

237.14
--------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	19	/	2019

FEC Identification Number

C

Transaction ID : SB21B-27790

Amount of Each Disbursement this Period

237.15
--------

Memo Item

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

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

711.43
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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. Stetler, Melissa, , ,**

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27790**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27790**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27790**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27790</b> Amount of Each Disbursement this Period [REDACTED] 237.15	
City Random Lake	State WI	Zip Code 53075	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27790</b> Amount of Each Disbursement this Period [REDACTED] 237.14	
City Random Lake	State WI	Zip Code 53075	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27790</b> Amount of Each Disbursement this Period [REDACTED] 237.14	
City Random Lake	State WI	Zip Code 53075	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 711.43
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

**A. Stetler, Melissa, , ,**

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2019			

FEC Identification Number

C

Transaction ID : SB21B-27791

Amount of Each Disbursement this Period

237.15

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2019			

FEC Identification Number

C

Transaction ID : SB21B-27791

Amount of Each Disbursement this Period

237.15

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			14			2019			

FEC Identification Number

C

Transaction ID : SB21B-27791

Amount of Each Disbursement this Period

237.14

Memo Item

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

711.44

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Stetler, Melissa, , ,**

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27791

Amount of Each Disbursement this Period

2	3	7	.	1	4
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Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27791

Amount of Each Disbursement this Period

2	3	7	.	1	4
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27791

Amount of Each Disbursement this Period

2	3	7	.	1	4
---	---	---	---	---	---

Memo Item

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

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

7	1	1	.	4	2
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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	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	9

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-27791  
Amount of Each Disbursement this Period

1553.12
---------

Memo Item

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	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	9

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-27791  
Amount of Each Disbursement this Period

7250.24
---------

Memo Item

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

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-27791  
Amount of Each Disbursement this Period

14006.08
----------

Memo Item

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)..... ▶

22809.44
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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
01		23		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
9872.00

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
01		30		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
9829.76

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
02		06		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
5556.48

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)..... ▶

25258.24
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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
02		13		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-27792

Amount of Each Disbursement this Period

6619.84
---------

Memo Item

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-27792

Amount of Each Disbursement this Period

4055.68
---------

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-27792

Amount of Each Disbursement this Period

4958.40
---------

Memo Item

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

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

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

15633.92
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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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B-27792**  
Amount of Each Disbursement this Period  
4096.32

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B-27792**  
Amount of Each Disbursement this Period  
2169.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology**

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B-27792**  
Amount of Each Disbursement this Period  
1966.88

Memo Item

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

8232.48

**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
03		27		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27792
Amount of Each Disbursement this Period
2176.16

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
04		03		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27793
Amount of Each Disbursement this Period
3264.16

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
04		10		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-2779:
Amount of Each Disbursement this Period
2838.88

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)..... ▶

8279.20
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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
04		17		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

FEC Identification Number

C
---

**Transaction ID : SB21B-27793**  
Amount of Each Disbursement this Period

4315.20
---------

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. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

FEC Identification Number

C
---

**Transaction ID : SB21B-27793**  
Amount of Each Disbursement this Period

2126.72
---------

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)

**C. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

FEC Identification Number

C
---

**Transaction ID : SB21B-27793**  
Amount of Each Disbursement this Period

2067.68
---------

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

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

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

8509.60
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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
05		08		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27793
Amount of Each Disbursement this Period
2649.44

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
05		15		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27793
Amount of Each Disbursement this Period
3473.28

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
05		22		2019

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27793
Amount of Each Disbursement this Period
3444.16

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)..... ▶

9566.88
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 29 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B-27793**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology**

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 05 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B-27793**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology**

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B-27793**  
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**

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 19 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

4594.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology**

Mailing Address 125 North 2nd St  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 26 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

2163.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 03 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27794

Amount of Each Disbursement this Period

30.00

Memo Item

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

6788.08

**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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	9

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27794**

Amount of Each Disbursement this Period

[ ] 84.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Mailing Address PO Box 899

City  
San Francisco

State  
CA

Zip Code  
94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27794**

Amount of Each Disbursement this Period

[ ] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authnet Gateway**

Mailing Address PO Box 899

City  
San Francisco

State  
CA

Zip Code  
94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27794**

Amount of Each Disbursement this Period

[ ] 330.40

Memo Item

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

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

[ ] 444.40

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input 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  
03 / 04 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27794  
Amount of Each Disbursement this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27794  
Amount of Each Disbursement this Period  
107.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27794  
Amount of Each Disbursement this Period  
30.00

Memo Item

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

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

167.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2019	
Mailing Address PO Box 899		FEC Identification Number C [ ] <b>Transaction ID : SB21B-27795</b> Amount of Each Disbursement this Period [ ] 69.30	
City San Francisco	State CA	Zip Code 94128	Category/ Type 001
Purpose of Disbursement Credit Card Fee/Merchant Fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019	
Mailing Address PO Box 899		FEC Identification Number C [ ] <b>Transaction ID : SB21B-27795</b> Amount of Each Disbursement this Period [ ] 30.00	
City San Francisco	State CA	Zip Code 94128	Category/ Type 001
Purpose of Disbursement Credit Card Fee/Merchant Fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019	
Mailing Address PO Box 899		FEC Identification Number C [ ] <b>Transaction ID : SB21B-27795</b> Amount of Each Disbursement this Period [ ] 73.20	
City San Francisco	State CA	Zip Code 94128	Category/ Type 001
Purpose of Disbursement Credit Card Fee/Merchant Fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 172.50
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Authnet Gateway**

Mailing Address PO Box 899

City  
San Francisco

State  
CA

Zip Code  
94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Mailing Address PO Box 899

City  
San Francisco

State  
CA

Zip Code  
94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

109.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blankrome**

Mailing Address 1 Logan Square

City  
Philadelphia

State  
PA

Zip Code  
19103

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

MM / DD / YYYY  
04 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27795

Amount of Each Disbursement this Period

787.50

Memo Item

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

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

926.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Blankrome**

Mailing Address 1 Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Legal

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	9

FEC Identification Number  
  
**Transaction ID : SB21B-27795**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

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	1		0	7		2	0	1	9

FEC Identification Number  
  
**Transaction ID : SB21B-27795**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Credit Card Fee/ Merchant Fee

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	1		1	1		2	0	1	9

FEC Identification Number  
  
**Transaction ID : SB21B-27795**  
 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. Clearent LLC**

Date of Disbursement

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

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27795
Amount of Each Disbursement this Period
20.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Date of Disbursement

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

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27796
Amount of Each Disbursement this Period
70.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Date of Disbursement

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

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27797
Amount of Each Disbursement this Period
55.00

Candidate Name

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

Memo Item

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

145.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Date of Disbursement

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

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27796
Amount of Each Disbursement this Period
20.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Date of Disbursement

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

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27796
Amount of Each Disbursement this Period
50.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Date of Disbursement

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

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27796
Amount of Each Disbursement this Period
40.00

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)..... ▶

110.00
--------

# 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
02		07		2019

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27796
Amount of Each Disbursement this Period
55.00

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
02		07		2019

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27796
Amount of Each Disbursement this Period
2983.47

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
02		11		2019

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27796
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

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

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

3063.47

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27796</b>
City Clayton	State MO	Zip Code 63105
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) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2019
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27796</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Credit Card Fee/ Merchant Fee		Amount of Each Disbursement this Period [REDACTED] 30.00
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>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2019
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27796</b>
City Clayton	State MO	Zip Code 63105
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:		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

1056.56

Memo Item

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

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

1176.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

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 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

35.00

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**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

275.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27797

Amount of Each Disbursement this Period

502.72

Memo Item

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

1027.72

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B-27798**  
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 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B-27798**  
Amount of Each Disbursement this Period  
90.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B-27798**  
Amount of Each Disbursement this Period  
150.00

Memo Item

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

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

260.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

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 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

205.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

608.76

Memo Item

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

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

863.76

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input 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
05		09		2019

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27798
Amount of Each Disbursement this Period
60.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2019

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27798
Amount of Each Disbursement this Period
20.00

Candidate Name

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

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
05		29		2019

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27798
Amount of Each Disbursement this Period
215.00

Candidate Name

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

Memo Item

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

295.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

892.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

55.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27798

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

997.38

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27799  
Amount of Each Disbursement this Period  
2204.46

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27799  
Amount of Each Disbursement this Period  
10290.58

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27799  
Amount of Each Disbursement this Period  
19879.65

Memo Item

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

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

32374.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27799**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27799**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27799**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27799**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27799**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27801**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27800**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27800**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27800**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27800  
Amount of Each Disbursement this Period  
3088.79

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27800  
Amount of Each Disbursement this Period  
4633.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27800  
Amount of Each Disbursement this Period  
4029.44

Memo Item

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

11751.30

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

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-27800**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27800**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27800**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27801**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27801**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27801**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 29 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B-27801**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 05 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B-27801**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B-27801**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27801  
Amount of Each Disbursement this Period  
6520.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27801  
Amount of Each Disbursement this Period  
3071.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27801  
Amount of Each Disbursement this Period  
904.70

Memo Item

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

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

10496.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City  
Spokane

State  
WA

Zip Code  
99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

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	2		2	8		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-27801**

Amount of Each Disbursement this Period

[REDACTED]	729.20
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City  
Spokane

State  
WA

Zip Code  
99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-27802**

Amount of Each Disbursement this Period

[REDACTED]	2019.20
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City  
Spokane

State  
WA

Zip Code  
99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-27803**

Amount of Each Disbursement this Period

[REDACTED]	757.70
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Memo Item

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

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

[REDACTED]	3506.10
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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. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27802**  
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/Programming/Support)

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27802**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Department of Workforce Development**

Mailing Address 6083 N Teutonia Avenue  
PO Box 09999

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement  
State Unemployment

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27802**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Department of Workforce Development**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2019

Mailing Address 6083 N Teutonia Avenue  
PO Box 09999

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-27802**  
Amount of Each Disbursement this Period

[REDACTED] 655.75

Memo Item

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement  
State Unemployment

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EMC Insurance**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2019

Mailing Address PO Box 327

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-27802**  
Amount of Each Disbursement this Period

[REDACTED] 372.00

Memo Item

City Brookfield State WI Zip Code 53008-0327

Purpose of Disbursement  
Insurance (workmans comp)

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. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2019

Mailing Address 20670 Watertown Rd  
Ste 1040

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-27802**  
Amount of Each Disbursement this Period

[REDACTED] 51.61

Memo Item

City Waukesha State WI Zip Code 53186-1867

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

[REDACTED] 1079.36

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

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	1		0	7		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27802

Amount of Each Disbursement this Period

864.30

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27802

Amount of Each Disbursement this Period

51.61

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27802

Amount of Each Disbursement this Period

51.61

Memo Item

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

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

967.52



**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
01		23		2019

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-27803**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2019

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-27803**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

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-27803**

Amount of Each Disbursement this Period

844.00
--------

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)..... ▶

947.22
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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
02	/	06	/	2019

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-27803**

Amount of Each Disbursement this Period

51.61
-------

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
02	/	13	/	2019

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-27803**

Amount of Each Disbursement this Period

51.61
-------

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
02	/	20	/	2019

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-27803**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

154.83
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

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-27803
Amount of Each Disbursement this Period
51.61

Candidate Name

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

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
03		05		2019

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-27803
Amount of Each Disbursement this Period
853.50

Candidate Name

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

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
03		06		2019

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-27803
Amount of Each Disbursement this Period
51.61

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)..... ▶

956.72
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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
03	/	13	/	2019

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-27804**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2019

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-27804**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2019

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-27804**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

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

154.83
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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-27804**  
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-27804**  
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-27804**  
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	4		1	7		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27804

Amount of Each Disbursement this Period

51.61

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27804

Amount of Each Disbursement this Period

51.61

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27804

Amount of Each Disbursement this Period

51.61

Memo Item

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

154.83

**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

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-27804**  
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-27805**  
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-2780!**  
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
05	/	22	/	2019

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-27805**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	29	/	2019

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-27805**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2019

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-27805**

Amount of Each Disbursement this Period

51.61
-------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

154.83
--------

**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

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-27805**  
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-27805**  
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-27805**  
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
06		26		2019

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-27805
Amount of Each Disbursement this Period
51.61

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2019

Mailing Address PO Box 804522

City  
Cincinnati

State  
OH

Zip Code  
45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27805
Amount of Each Disbursement this Period
630.26

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		11		2019

Mailing Address PO Box 804522

City  
Cincinnati

State  
OH

Zip Code  
45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-27805
Amount of Each Disbursement this Period
630.34

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)..... ▶

1312.21
---------

**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. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

[REDACTED] 630.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

[REDACTED] 630.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27806

Amount of Each Disbursement this Period

[REDACTED] 1.37

Memo Item

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

[REDACTED] 1261.91

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27806  
Amount of Each Disbursement this Period  
630.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27806  
Amount of Each Disbursement this Period  
630.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27806  
Amount of Each Disbursement this Period  
630.24

Memo Item

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

1890.82

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27806  
Amount of Each Disbursement this Period  
630.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27806  
Amount of Each Disbursement this Period  
580.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27806  
Amount of Each Disbursement this Period  
580.39

Memo Item

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

1791.10

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			29			2019			

FEC Identification Number

C

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

580.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			05			2019			

FEC Identification Number

C

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

580.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

580.45

Memo Item

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

1741.35

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

[REDACTED]	580.39
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

[REDACTED]	580.47
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Unemployment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

[REDACTED]	86.97
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Memo Item

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

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

[REDACTED]	1247.83
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[REDACTED]	
------------	--

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

[REDACTED] 580.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

[REDACTED] 580.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

[REDACTED] 580.41

Memo Item

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

[REDACTED] 1741.27

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27807

Amount of Each Disbursement this Period

[REDACTED] 580.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal 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  
06 / 07 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

[REDACTED] 580.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

[REDACTED] 580.45

Memo Item

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

[REDACTED] 1741.29

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

[REDACTED] 580.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

[REDACTED] 580.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh

State PA

Zip Code 15230-9378

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	1		0	2		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

[REDACTED] 24.95

Memo Item

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

[REDACTED] 1185.83

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	Y
0	1			0	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	Y
0	1			0	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

187.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B-27808

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)..... ▶

244.40

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input 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  
15230-9378

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	1		3	1		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

95.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
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	2		0	4		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

24.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	2		0	4		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27808

Amount of Each Disbursement this Period

31.50

Memo Item

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

152.40

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	2		0	4		2	0	1	9

FEC Identification Number

C

**Transaction ID : SB21B-27809**

Amount of Each Disbursement this Period

5	8	.	9	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
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	2		1	3		2	0	1	9

FEC Identification Number

C

**Transaction ID : SB21B-27809**

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  
15230-9378

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	2		2	1		2	0	1	9

FEC Identification Number

C

**Transaction ID : SB21B-27809**

Amount of Each Disbursement this Period

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

Memo Item

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

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

1	1	.	3	9	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  
15230-9378

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	2		2	8		2	0	1	9

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27809**  
Amount of Each Disbursement this Period  
[REDACTED] 157.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
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	3		0	4		2	0	1	9

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27809**  
Amount of Each Disbursement this Period  
[REDACTED] 24.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	3		0	4		2	0	1	9

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27809**  
Amount of Each Disbursement this Period  
[REDACTED] 31.50

Memo Item

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

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

2	1	4	3	9
---	---	---	---	---

2	1	4	3	9
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input 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  
15230-9378

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	3		0	4		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27809**  
Amount of Each Disbursement this Period  
[ ] 58.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
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	3		0	7		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27809**  
Amount of Each Disbursement this Period  
[ ] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	3		0	7		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27809**  
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)..... ▶

1	0	3	9	0
---	---	---	---	---

1	0	3	9	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  
15230-9378

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	3		1	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

2	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  
15230-9378

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	3		1	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

3	5	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  
15230-9378

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	3		2	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

2	0	0	3	4	0
---	---	---	---	---	---

Memo Item

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

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

2	5	5	3	4	0
---	---	---	---	---	---

2	5	5	3	4	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  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

58.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

24.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

31.50

Memo Item

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

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

115.35

**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 EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27810**  
 Amount of Each Disbursement this Period  
 [ ] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27810**  
 Amount of Each Disbursement this Period  
 [ ] 144.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	5		0	2		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-27811**  
 Amount of Each Disbursement this Period  
 [ ] 24.95

Memo Item

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

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

[ ]	194.08
-----	--------

[ ]	
-----	--

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input 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  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27810

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

58.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2019

FEC Identification Number

C

Transaction ID : SB21B-27811

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)..... ▶

110.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2019
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27811</b> Amount of Each Disbursement this Period 60.00
City Pittsburgh	State PA	Zip Code 15230-9378
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>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2019
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27782</b> Amount of Each Disbursement this Period 9.43 Credit Card Purchase
City Pittsburgh	State PA	Zip Code 15230-9378
Purpose of Disbursement credit card interest		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2019
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-2778;</b> Amount of Each Disbursement this Period 39.00 Credit Card Purchase
City Pittsburgh	State PA	Zip Code 15230-9378
Purpose of Disbursement credit card late fee		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	5		2	3		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
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	5		2	9		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

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	5		3	1		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B-27811

Amount of Each Disbursement this Period

121.79

Memo Item

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

176.79

**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 610

City  
Pittsburgh

State  
PA

Zip Code  
15230-9379

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
06		03		2019

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27811**  
Amount of Each Disbursement this Period  
[REDACTED] 24.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 610

City  
Pittsburgh

State  
PA

Zip Code  
15230-9379

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
06		03		2019

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-27811**  
Amount of Each Disbursement this Period  
[REDACTED] 31.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9378

Purpose of Disbursement  
credit card interest

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2019

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-2778:**  
Amount of Each Disbursement this Period  
[REDACTED] 9.96

Credit Card Purchase

Memo Item

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

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

[REDACTED]	56.45
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9378

Purpose of Disbursement credit care late 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  
06 / 18 / 2019

FEC Identification Number

C   
**Transaction ID : SB21B-27783**  
Amount of Each Disbursement this Period  
 39.00

Credit Card Purchase

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 610

City Pittsburgh State PA Zip Code 15230-9379

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 Y Y  
06 / 27 / 2019

FEC Identification Number

C   
**Transaction ID : SB21B-27811**  
Amount of Each Disbursement this Period  
 20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 610

City Pittsburgh State PA Zip Code 15230-9379

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 Y Y  
06 / 28 / 2019

FEC Identification Number

C   
**Transaction ID : SB21B-27811**  
Amount of Each Disbursement this Period  
 141.99

Memo Item

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

161.99

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Regus Management

Mailing Address 11414 W Park Place

City  
Milwaukee

State  
WI

Zip Code  
53224

Purpose of Disbursement  
Rent

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	1		2	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27812

Amount of Each Disbursement this Period

[REDACTED] 59.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Regus Management

Mailing Address 11414 W Park Place

City  
Milwaukee

State  
WI

Zip Code  
53224

Purpose of Disbursement  
Rent

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	1		2	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27812

Amount of Each Disbursement this Period

[REDACTED] 69.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Regus Management

Mailing Address 11414 W Park Place

City  
Milwaukee

State  
WI

Zip Code  
53224

Purpose of Disbursement  
Rent

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	2		2	2		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27812

Amount of Each Disbursement this Period

[REDACTED] 59.00

Memo Item

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

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

[REDACTED] 187.00

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

001  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27812  
Amount of Each Disbursement this Period  
69.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

001  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27812  
Amount of Each Disbursement this Period  
59.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

001  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27812  
Amount of Each Disbursement this Period  
69.00

Memo Item

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

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

197.00

**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**

<p>Full Name (Last, First, Middle Initial) <b>A. Regus Management</b></p>			<p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2019</p>		
<p>Mailing Address 11414 W Park Place</p>			<p>FEC Identification Number C [ ] <b>Transaction ID : SB21B-27812</b> Amount of Each Disbursement this Period [ ] 59.00</p>		
<p>City Milwaukee</p>	<p>State WI</p>	<p>Zip Code 53224</p>	<p>Category/Type 001</p>		
<p>Purpose of Disbursement Rent</p>		<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Memo Item <input type="checkbox"/></p>		
<p>State: District:</p>					
<p>Full Name (Last, First, Middle Initial) <b>B. Regus Management</b></p>			<p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2019</p>		
<p>Mailing Address 11414 W Park Place</p>			<p>FEC Identification Number C [ ] <b>Transaction ID : SB21B-27812</b> Amount of Each Disbursement this Period [ ] 69.00</p>		
<p>City Milwaukee</p>	<p>State WI</p>	<p>Zip Code 53224</p>	<p>Category/Type 001</p>		
<p>Purpose of Disbursement Rent</p>		<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Memo Item <input type="checkbox"/></p>		
<p>State: District:</p>					
<p>Full Name (Last, First, Middle Initial) <b>C. Regus Management</b></p>			<p>Date of Disbursement MM / DD / YYYY 05 / 23 / 2019</p>		
<p>Mailing Address 11414 W Park Place</p>			<p>FEC Identification Number C [ ] <b>Transaction ID : SB21B-27812</b> Amount of Each Disbursement this Period [ ] 59.00</p>		
<p>City Milwaukee</p>	<p>State WI</p>	<p>Zip Code 53224</p>	<p>Category/Type 001</p>		
<p>Purpose of Disbursement Rent</p>		<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Memo Item <input type="checkbox"/></p>		
<p>State: District:</p>					
<p><b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶</p>			<p>[ ] 187.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p>[ ]</p>		

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27813**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27813**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Regus Management**

Mailing Address 11414 W Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-27813**  
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

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  

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

FEC Identification Number  
  
**Transaction ID : SB21B-27813**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

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  

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

FEC Identification Number  
  
**Transaction ID : SB21B-27813**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

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  

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

FEC Identification Number  
  
**Transaction ID : SB21B-27813**  
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

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-27813**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

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-27813**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

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-27813**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
---

**Transaction ID : SB21B-27813**  
Amount of Each Disbursement this Period

3201.90
---------

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
---

**Transaction ID : SB21B-27814**  
Amount of Each Disbursement this Period

1961.70
---------

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2019

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
---

**Transaction ID : SB21B-27814**  
Amount of Each Disbursement this Period

2398.50
---------

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

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

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

7562.10
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2019

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
---

**Transaction ID : SB21B-27814**  
Amount of Each Disbursement this Period

1981.20
---------

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2019

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
---

**Transaction ID : SB21B-27814**  
Amount of Each Disbursement this Period

1049.10
---------

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2019

Mailing Address 1350 W Southport Road Box 130

FEC Identification Number

C
---

**Transaction ID : SB21B-27814**  
Amount of Each Disbursement this Period

951.60
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Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

3981.90
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2019

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27814
Amount of Each Disbursement this Period
1053.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2019

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27814
Amount of Each Disbursement this Period
1579.50

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2019

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-27814
Amount of Each Disbursement this Period
1372.80

Candidate Name

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

Memo Item

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

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

4005.30
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

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-27814**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

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-27814**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

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-27814**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

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-27815**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

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-27815**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

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-27815**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27815  
Amount of Each Disbursement this Period  
2246.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27815  
Amount of Each Disbursement this Period  
928.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27815  
Amount of Each Disbursement this Period  
744.90

Memo Item

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

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

3919.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

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 Y Y  
06 / 19 / 2019

FEC Identification Number

C   
**Transaction ID : SB21B-27815**  
Amount of Each Disbursement this Period  
 2223.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

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 Y Y  
06 / 26 / 2019

FEC Identification Number

C   
**Transaction ID : SB21B-27815**  
Amount of Each Disbursement this Period  
 1045.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 470 L'Enfant Plaza SW  
Ste 604

City Washington State DC Zip Code 20260

Purpose of Disbursement  
PO Box rentals

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  
04 / 14 / 2019

FEC Identification Number

C   
**Transaction ID : SB21B-2778:**  
Amount of Each Disbursement this Period  
 512.00  
Credit Card Purchase

Memo Item

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

3268.20

**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**

Mailing Address PO Box 930208

City  
Milwaukee

State  
WI

Zip Code  
53293

Purpose of Disbursement  
State Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27815

Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City  
Milwaukee

State  
WI

Zip Code  
53293

Purpose of Disbursement  
State Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27816

Amount of Each Disbursement this Period

[REDACTED] 81.34

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

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	1		1	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27816

Amount of Each Disbursement this Period

[REDACTED] 81.34

Memo Item

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

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

[REDACTED] 244.02

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001

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
01			25			2019			

FEC Identification Number

C [ ]

Transaction ID : SB21B-27816

Amount of Each Disbursement this Period

[ ] 81.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001

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
02			01			2019			

FEC Identification Number

C [ ]

Transaction ID : SB21B-27816

Amount of Each Disbursement this Period

[ ] 81.34

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

001

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
02			08			2019			

FEC Identification Number

C [ ]

Transaction ID : SB21B-27816

Amount of Each Disbursement this Period

[ ] 81.34

Memo Item

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

[ ] 244.02

**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
02		15		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27816**  
Amount of Each Disbursement this Period

[ ] 81.34

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
02		22		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27816**  
Amount of Each Disbursement this Period

[ ] 81.34

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
03		01		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27816**  
Amount of Each Disbursement this Period

[ ] 81.34

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)..... ▶

[ ] 244.02

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	22	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27816**  
Amount of Each Disbursement this Period

[ ] 81.34

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
03	/	29	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27816**  
Amount of Each Disbursement this Period

[ ] 81.34

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
04	/	05	/	2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27816**  
Amount of Each Disbursement this Period

[ ] 81.34

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)..... ▶

[ ] 244.02

**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
04		12		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27817**  
Amount of Each Disbursement this Period

[ ] 81.34

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
04		19		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27817**  
Amount of Each Disbursement this Period

[ ] 81.34

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
04		26		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27817**  
Amount of Each Disbursement this Period

[ ] 81.34

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)..... ▶

[ ] 244.02

**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**

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27817  
Amount of Each Disbursement this Period  
81.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27817  
Amount of Each Disbursement this Period  
81.34

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

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-27817  
Amount of Each Disbursement this Period  
81.34

Memo Item

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

244.02

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27817**  
Amount of Each Disbursement this Period

[ ] 81.34

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
05		31		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27817**  
Amount of Each Disbursement this Period

[ ] 81.34

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
06		07		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27817**  
Amount of Each Disbursement this Period

[ ] 81.34

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)..... ▶

[ ] 244.02

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	9

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27818**  
Amount of Each Disbursement this Period

[ ] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

[ ] 001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27818**  
Amount of Each Disbursement this Period

[ ] 81.34

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. Wisconsin Department of Revenue**

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-27818**  
Amount of Each Disbursement this Period

[ ] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

[ ] 001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

[ ] 244.02

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

[ ] 408577.83

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 157 OF 157
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PNC Bank</b>			Nature of Debt (Purpose): Credit Card for Various business expenses
Mailing Address PO Box 609			
City Pittsburgh	State PA	Zip Code 15230	

Outstanding Balance Beginning This Period		Transaction ID : SD-S9765	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
609.39	0.00	609.39	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	609.39
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	609.39
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	609.39