

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Association for Emergency Responders and Firefighters

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

Check if different than previously reported. (ACC)

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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2018 through [MM] / [DD] / [YYYY] 03 / 31 / 2018

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

Signature of Treasurer *Piaro, Robert, , ,* [Electronically Filed] Date 04 / 15 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Association for Emergency Responders and Firefighters**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="4087.45"/>	<input type="text" value="4087.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4087.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="714064.06"/>	<input type="text" value="714064.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="718151.51"/>	<input type="text" value="718151.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="612461.27"/>	<input type="text" value="612461.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="105690.24"/>	<input type="text" value="105690.24"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=".00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=".00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Association for Emergency Responders and Firefighters**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20986.00	20986.00
(ii) Unitemized .....	693078.06	693078.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	714064.06	714064.06
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	714064.06	714064.06
12. Transfers From Affiliated/Other Party Committees.....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received.....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfers (add 18(a) and 18(b))..	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	714064.06	714064.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	714064.06	714064.06

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures .....	612461.27	612461.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	612461.27	612461.27
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	.00
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	.00	.00
29. Other Disbursements (Including Non-Federal Donations).....	.00	.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share.....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	612461.27	612461.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	612461.27	612461.27

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	714064.06	714064.06
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	714064.06	714064.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	612461.27	612461.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	612461.27	612461.27

**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 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

**A. Arrow Manufacturing**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6577 Midland Ct

City Allenton	State WI	Zip Code 53002
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : SA11Ai-CN21**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. J J Boat Trailer Supply**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 12007 Dixie Hwy

City Valley Station	State KY	Zip Code 40272
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

**Transaction ID : SA11Ai-CN90**

Amount of Each Receipt this Period  
301.00

Memo Item

**C. Bivens, Kelly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3115 Wesley Pl

City Colorado Springs	State CO	Zip Code 80917
--------------------------	-------------	-------------------

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

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

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
03	/	02	/	2018

**Transaction ID : SA11Ai-CN16008**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	801.00
<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 120
	<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. Bready, Cheryl, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Congdon St

City Providence	State RI	Zip Code 2906
--------------------	-------------	------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2018

**Transaction ID : SA11Ai-CN17482**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 39128 Cobrums Wharf Rd

City Avenue	State MD	Zip Code 20609
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : SA11Ai-CN24717**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 3602 La Costa Rd

City Missouri City	State TX	Zip Code 77459
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2018

**Transaction ID : SA11Ai-CN23510**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 120  
(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. Candler, Selina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 537 Diamond Rdg  
 City Marshall State NC Zip Code 28753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2018  
**Transaction ID : SA11Ai-CN18262**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Cashman, Jay/ Christy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Dartmouth St  
 City Boston State MA Zip Code 2116  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2018  
**Transaction ID : SA11Ai-CN24038**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Chen, Felicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Lullaby Ln  
 City North Easton State MA Zip Code 2356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2018  
**Transaction ID : SA11Ai-CN21380**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 120  
(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. Course, Dianne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 County Road 215  
 City Walnut      State MS      Zip Code 38683  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2018  
**Transaction ID : SA11Ai-CN18985**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Deighton, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2360 Valley Way  
 City Snellville      State GA      Zip Code 30078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual)      Occupation (for Individual)  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2018  
**Transaction ID : SA11Ai-CN15858**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Dominguez, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 Buffalo Hills Dr  
 City Watford City      State ND      Zip Code 58854  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2018  
**Transaction ID : SA11Ai-CN15662**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 120
	<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. Evans, Terry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 781  
 City Santa Ynez State CA Zip Code 93460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2018  
**Transaction ID : SA11Ai-CN245**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Fowler, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 278 Balboa Ct  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : SA11Ai-CN18678**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Fox, Camille, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 Galt Ocean Dr Apt 210  
 City Ft Lauderdale State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 06 / 2018  
**Transaction ID : SA11Ai-CN24599**  
 Amount of Each Receipt this Period 350.00  
 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 11 OF 120
<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. Friedman, Phyllis K Z, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Reservoir Rd  
 City Hillsborough State CA Zip Code 94010  
 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 ▼ 500.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : SA11Ai-CN1751**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Frood, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 E 2nd Ave SE  
 City Rome State GA Zip Code 30161  
 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 ▼ 500.00

Date of Receipt **01 / 15 / 2018**  
**Transaction ID : SA11Ai-CN2018**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gola, Kris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 W Foothills Dr  
 City Drums State PA Zip Code 18222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 02 / 2018**  
**Transaction ID : SA11Ai-CN24516**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 120
	<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. Grim, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 N 6th St  
 City Emmaus State PA Zip Code 18049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2018  
**Transaction ID : SA11Ai-CN18538**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Harlan, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1011  
 City Vernal State UT Zip Code 84078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2018  
**Transaction ID : SA11Ai-CN18010**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Huggins, David L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2720 Landers Ave  
 City Nashville State TN Zip Code 37211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2018  
**Transaction ID : SA11Ai-CN647**  
 Amount of Each Receipt this Period  
 150.00  
 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 13 OF 120
	<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. Jackson, Doug, , ,**  
 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) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2018  
**Transaction ID : SA11Ai-CN14772**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Kaufman, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 N Milwaukee St  
 City Plymouth State WI Zip Code 53073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 08 / 2018  
**Transaction ID : SA11Ai-CN20535**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Klepfer, Robin A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 E 63rd St  
 City Indianapolis State IN Zip Code 46236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 DISABLED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 13 / 2018  
**Transaction ID : SA11Ai-CN24848**  
 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 14 OF 120
	<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. Kos, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16486 County Road 18  
 City Fort Lupton State CO Zip Code 80621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2018  
**Transaction ID : SA11Ai-CN7567**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Krueger, Myron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 Maine St  
 City Brunswick State ME Zip Code 4011  
 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 ▼ 250.00

Date of Receipt 03 / 26 / 2018  
**Transaction ID : SA11Ai-CN8413**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Kurtz, Marcia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 Museum Way Apt 806  
 City Fort Worth State TX Zip Code 76107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2018  
**Transaction ID : SA11Ai-CN23394**  
 Amount of Each Receipt this Period 250.00  
 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: PAGE 15 OF 120  
(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. Lee, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14414 Blanco Rd Ste 300  
 City San Antonio State TX Zip Code 78216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2018  
**Transaction ID : SA11Ai-CN14917**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Liao, Yvonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 W Naomi Ave Unit 5  
 City Arcadia State CA Zip Code 91007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 02 / 2018  
**Transaction ID : SA11Ai-CN7155**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Lira, Isabel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 Colony Plz  
 City Jacksonville State NC Zip Code 28546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2018  
**Transaction ID : SA11Ai-CN22376**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 120
	<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. McDonald, Frances T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Locust Rd  
 City Windham State NH Zip Code 3087  
 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 ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2018  
**Transaction ID : SA11Ai-CN20441**  
 Amount of Each Receipt this Period  
 260.00  
 Memo Item

**B. Merkel, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10014 Arrowgrass Dr  
 City Houston State TX Zip Code 77064  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2018  
**Transaction ID : SA11Ai-CN16433**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item

**C. Montanbo, Sergio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1330 Fyffe Unitca  
 City Denver State CO Zip Code 80219  
 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 ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2018  
**Transaction ID : SA11Ai-CN19657**  
 Amount of Each Receipt this Period  
 205.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	690.00
<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 120
	<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. Moore, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1532 Michigan Ave  
 City La Porte State IN Zip Code 46350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2018  
**Transaction ID : SA11Ai-CN23407**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Ochoa, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5108 Bakerloo Ln  
 City Pasco State WA Zip Code 99301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2018  
**Transaction ID : SA11Ai-CN18189**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Palma, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Briarwood Rd  
 City Mullica Hill State NJ Zip Code 8062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2018  
**Transaction ID : SA11Ai-CN16770**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 120
	<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. Papin, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3640 Eden Dr  
 City Dallas State TX Zip Code 75287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11Ai-CN21666**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**B. Parvin, Robert, , ,**  
 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) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11Ai-CN19825**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Pratt, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3647 Robinson Rd  
 City Missouri City State TX Zip Code 77459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 12 / 2018  
**Transaction ID : SA11Ai-CN19646**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<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 19 OF 120  
(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. Rechter, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2936 Bellflower Ln  
 City Naples State FL Zip Code 34105  
 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 ▼ 365.00

Date of Receipt 01 / 19 / 2018  
**Transaction ID : SA11Ai-CN23574**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Reid, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 Drayer Dr  
 City Hummelstown State PA Zip Code 17036  
 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 ▼ 240.00

Date of Receipt 03 / 05 / 2018  
**Transaction ID : SA11Ai-CN15575**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Richards, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1398 W Nimisila Rd  
 City Clinton State OH Zip Code 44216  
 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 ▼ 500.00

Date of Receipt 01 / 17 / 2018  
**Transaction ID : SA11Ai-CN23383**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1105.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 120
	<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. Rodgers, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10625 Pond Meadow Dr  
 City Oklahoma City State OK Zip Code 73151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2018  
**Transaction ID : SA11Ai-CN26050**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Rosing, Wayne E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3463 State St Apt 255  
 City Santa Barbara State CA Zip Code 93105  
 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 ▼ 1000.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11Ai-CN21997**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Ruppert, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2735 E Sand Rd  
 City Port Clinton State OH Zip Code 43452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 18 / 2018  
**Transaction ID : SA11Ai-CN23507**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<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 120
	<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. Santamaria, Ileana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5611 Silverthorn Glen Dr  
 City Spring State TX Zip Code 77379  
 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 ▼ 500.00

Date of Receipt 03 / 23 / 2018  
**Transaction ID : SA11Ai-CN22431**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Saraceni, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10504 Meakin Dr  
 City Raleigh State NC Zip Code 27614  
 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 ▼ 260.00

Date of Receipt 03 / 13 / 2018  
**Transaction ID : SA11Ai-CN20858**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

**C. Schultz, Ofelia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9730 Heritage Farm  
 City San Antonio State TX Zip Code 78245  
 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 ▼ 240.00

Date of Receipt 03 / 28 / 2018  
**Transaction ID : SA11Ai-CN407**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	880.00
<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 120
	<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. Sleming, Maudi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 26689  
 City Fort Worth State TX Zip Code 76126  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2018  
**Transaction ID : SA11Ai-CN22272**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Slotman, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3001 W Ruby HI  
 City Pleasanton State CA Zip Code 94566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2018  
**Transaction ID : SA11Ai-CN12864**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Smith, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Mustang Dr Ste 100  
 City Grapevine State TX Zip Code 76051  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2018  
**Transaction ID : SA11Ai-CN21689**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<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 120
	<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. Sterk, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4101 N 4th Ave  
 City Sioux Falls State SD Zip Code 57104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2018  
**Transaction ID : SA11Ai-CN22406**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Taron, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Sequoyah Blvd  
 City Shawnee State OK Zip Code 74801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2018  
**Transaction ID : SA11Ai-CN15961**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Tobin, Toni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 756 Lisboa Ct  
 City Walnut Creek State CA Zip Code 94598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2018  
**Transaction ID : SA11Ai-CN9423**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 24 OF 120  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

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

Mailing Address 105 E 58th St

City Savannah	State GA	Zip Code 31405
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2018

**Transaction ID : SA11Ai-CN20032**

Amount of Each Receipt this Period  
220.00

Memo Item

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

Mailing Address 9330 Fairway Trl

City Grand Blanc	State MI	Zip Code 48439
---------------------	-------------	-------------------

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 ▼  
515.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2018

**Transaction ID : SA11Ai-CN21039**

Amount of Each Receipt this Period  
515.00

Memo Item

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

Mailing Address 20568 Chestnut Cir

City Livonia	State MI	Zip Code 48152
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2018

**Transaction ID : SA11Ai-CN7347**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1035.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20986.00



**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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Bankcard Fees

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	8

FEC Identification Number  
  
**Transaction ID : SB21b-EX1**  
 Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Bankcard Fees

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees

Category/Type

Merchant  
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	8

FEC Identification Number  
  
**Transaction ID : SB21b-EX2**  
 Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees

Category/Type

Merchant Di  
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	8

FEC Identification Number  
  
**Transaction ID : SB21b-EX3**  
 Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Di

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees  
Merchant In  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX4**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant In

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Charge  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX9**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item Charge

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX13**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX21

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX24

Amount of Each Disbursement this Period

[REDACTED] 55.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX29

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

[REDACTED] 100.00

[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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Ret

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 / 19 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX33

Amount of Each Disbursement this Period

[Redacted] 25.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Ret Dep lte

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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 / 23 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX37

Amount of Each Disbursement this Period

[Redacted] 25.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item Charg

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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 / 25 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX40

Amount of Each Disbursement this Period

[Redacted] 15.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

[Redacted] 65.00

[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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX42  
Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item Charge

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX49  
Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item Charge

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX50  
Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

[REDACTED] 110.00

[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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX51  
 Amount of Each Disbursement this Period  
 25.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Bank Fees Service Charge

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX54  
 Amount of Each Disbursement this Period  
 632.92

Memo Item Reference: ACH|Type: Payment|Account/Description: Bank Fees Service Charge

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX57  
 Amount of Each Disbursement this Period  
 50.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

707.92

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Pnc Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018
Mailing Address PO Box 609		FEC Identification Number C [ ] <b>Transaction ID : SB21b-EX58</b>
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Return Deposit Item		Amount of Each Disbursement this Period [ ] 20.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Return Deposit Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Pnc Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address PO Box 609		FEC Identification Number C [ ] <b>Transaction ID : SB21b-EX62</b>
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: PNC Bank Fees Merchant Se		Amount of Each Disbursement this Period [ ] 364.49
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: PNC Bank Fees Merchant Se
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Pnc Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address PO Box 609		FEC Identification Number C [ ] <b>Transaction ID : SB21b-EX63</b>
City Pittsburgh	State PA	Zip Code 15230
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: PNC Bank Fees Merchant Fe		Amount of Each Disbursement this Period [ ] 94.16
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: PNC Bank Fees Merchant Fe
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 478.65
<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

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees  
Merchant Di  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX64**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Di

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees  
Merchant In  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX65**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant In

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Serv  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX77**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Serv

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Serv

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX78  
Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Serv

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX83  
Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX88  
Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

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

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

[REDACTED] 55.00

[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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees  
Merchant Se  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX92**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX93**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX94**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX95  
Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item Charge

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX98  
Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item Charge

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX10  
Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

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

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

[REDACTED] 50.00

[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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees  
Merchant Se  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX113**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX114**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

Category/  
Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX111**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Service Cha  
Candidate Name

Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number  
  
Transaction ID : SB21b-EX11c  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Service Cha

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se  
Candidate Name

Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number  
  
Transaction ID : SB21b-EX122  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Fees Merchant Se

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Fees  
Candidate Name

Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number  
  
Transaction ID : SB21b-EX12:  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Fees

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Discoun

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX124  
Amount of Each Disbursement this Period

24.95

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Discoun

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX125  
Amount of Each Disbursement this Period

20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX13  
Amount of Each Disbursement this Period

35.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

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

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

79.95

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service  
Candidate Name

001  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX14  
Amount of Each Disbursement this Period  
20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

Full Name (Last, First, Middle Initial)

### B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

001  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
03 / 15 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX152  
Amount of Each Disbursement this Period  
45.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

### C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service  
Candidate Name

001  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX16  
Amount of Each Disbursement this Period  
50.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

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

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

115.00

**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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2018

FEC Identification Number

C  
**Transaction ID : SB21b-EX167**  
 Amount of Each Disbursement this Period  
 20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

C  
**Transaction ID : SB21b-EX173**  
 Amount of Each Disbursement this Period  
 20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2018

FEC Identification Number

C  
**Transaction ID : SB21b-EX171**  
 Amount of Each Disbursement this Period  
 40.00

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

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

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

80.00



**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. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service  
Candidate Name

Category/Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX177**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Merchant Service

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

Category/Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX178**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item  
Candidate Name

Category/Type

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21b-EX18**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21b-EX18z**  
 Amount of Each Disbursement this Period  
 [ ] 15.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Return Deposit Item

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: PNC Bank Service Charge F

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21b-EX187**  
 Amount of Each Disbursement this Period  
 [ ] 371.76

Memo Item Reference: ACH|Type: Payment|Account/Description: PNC Bank Service Charge F

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 Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21b-EX5**  
 Amount of Each Disbursement this Period  
 [ ] 336.90

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

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

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

[ ] 723.66

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="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 Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

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 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX6

Amount of Each Disbursement this Period

55.34

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

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 Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX69

Amount of Each Disbursement this Period

238.97

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

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 Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX70

Amount of Each Disbursement this Period

101.40

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

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

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

395.71

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="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 Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX12  
Amount of Each Disbursement this Period

174.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

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 Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX13  
Amount of Each Disbursement this Period

95.80

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Donor Relations**

Mailing Address 1835 E Charleston Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

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 / 03 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX7  
Amount of Each Disbursement this Period

32638.71

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

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

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

32908.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Donor Relations**

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX18  
Amount of Each Disbursement this Period  
34147.88

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

Full Name (Last, First, Middle Initial)

**B. Donor Relations**

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX30  
Amount of Each Disbursement this Period  
40000.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

Full Name (Last, First, Middle Initial)

**C. Donor Relations**

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX38  
Amount of Each Disbursement this Period  
23043.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

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

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

97190.88

**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**

**A. Donor Relations**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1835 E Charleston  
Ste 4

M M M	/	D D D	/	Y Y Y Y Y
02		01		2018

City Las Vegas State NV Zip Code 89104

FEC Identification Number

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

C
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Candidate Name

001
Category/ Type

Transaction ID : SB21b-EX56  
Amount of Each Disbursement this Period

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

30135.00
----------

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

**B. Donor Relations**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1835 E Charleston  
Ste 4

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

City Las Vegas State NV Zip Code 89104

FEC Identification Number

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

C
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Candidate Name

001
Category/ Type

Transaction ID : SB21b-EX74  
Amount of Each Disbursement this Period

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

16520.27
----------

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

**C. Donor Relations**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1835 E Charleston  
Ste 4

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

City Las Vegas State NV Zip Code 89104

FEC Identification Number

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

C
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Candidate Name

001
Category/ Type

Transaction ID : SB21b-EX75  
Amount of Each Disbursement this Period

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

3303.30
---------

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

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

49958.57
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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. Donor Relations**

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 14 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX89  
Amount of Each Disbursement this Period  
25087.62  
Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

Full Name (Last, First, Middle Initial)

**B. Donor Relations**

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 21 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX104  
Amount of Each Disbursement this Period  
19846.05  
Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

Full Name (Last, First, Middle Initial)

**C. Donor Relations**

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX111  
Amount of Each Disbursement this Period  
9827.87  
Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

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

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

54761.54

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Donor Relations**

Date of Disbursement

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

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX137
Amount of Each Disbursement this Period
59522.59

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

Full Name (Last, First, Middle Initial)

**B. Donor Relations**

Date of Disbursement

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

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX149
Amount of Each Disbursement this Period
74596.75

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

Full Name (Last, First, Middle Initial)

**C. Donor Relations**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2018

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX16:
Amount of Each Disbursement this Period
73495.63

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

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

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

207614.97



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Donor Relations**

Mailing Address 1835 E Charleston  
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Professional Funding

Candidate Name

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

001  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
03 / 28 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX17  
Amount of Each Disbursement this Period  
75073.85  
Memo Item Reference: ACH|Type: Payment|Account/Description: Professional Funding

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

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Accounting

Candidate Name

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

001  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
01 / 05 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX10  
Amount of Each Disbursement this Period  
579.50  
Memo Item Reference: ACH|Type: Payment|Account/Description: Accounting

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

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Accounting

Candidate Name

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

001  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
01 / 10 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX19  
Amount of Each Disbursement this Period  
134.71  
Memo Item Reference: ACH|Type: Payment|Account/Description: Accounting

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

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

75788.06

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="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		17		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Accounting

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX31
Amount of Each Disbursement this Period
132.95

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Accounting

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		24		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Accounting

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX39
Amount of Each Disbursement this Period
133.96

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Accounting

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		31		2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Accounting

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX52
Amount of Each Disbursement this Period
129.83

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Accounting

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

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

396.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX72</b> Amount of Each Disbursement this Period 559.85
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Accounting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX76</b> Amount of Each Disbursement this Period 136.80
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Accounting
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX90</b> Amount of Each Disbursement this Period 132.30
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Accounting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	828.95
<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. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX105</b>
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		Amount of Each Disbursement this Period 133.05
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Accounting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX116</b>
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		Amount of Each Disbursement this Period 133.05
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Accounting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX13</b>
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		Amount of Each Disbursement this Period 470.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Accounting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	736.10
<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. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX13</b> Amount of Each Disbursement this Period 129.08
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Accounting	

Full Name (Last, First, Middle Initial) <b>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX10</b> Amount of Each Disbursement this Period 139.00
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Accounting	

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX16</b> Amount of Each Disbursement this Period 132.30
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Accounting	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	400.38
<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. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX18c</b> Amount of Each Disbursement this Period 133.05
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Accounting		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Accounting	

Full Name (Last, First, Middle Initial) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX11</b> Amount of Each Disbursement this Period 2383.34
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees	

Full Name (Last, First, Middle Initial) <b>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX17</b> Amount of Each Disbursement this Period 45.00
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2561.39
<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. Clearent LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21b-EX20

Amount of Each Disbursement this Period: 20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

**B. Clearent LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB21b-EX28

Amount of Each Disbursement this Period: 75.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

**C. Clearent LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21b-EX48

Amount of Each Disbursement this Period: 20.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 115.00

**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  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21b-EX59**  
Amount of Each Disbursement this Period

15.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central Suite 700  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2018

FEC Identification Number

**C**

**Transaction ID : SB21b-EX73**  
Amount of Each Disbursement this Period

1928.45

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central Suite 700  
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21b-EX79**  
Amount of Each Disbursement this Period

25.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Credit Card Merchant Fees

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

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

1968.45



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input 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 / 14 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX91</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 20.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX112</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 90.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX11'</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX13</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 50.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX13</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 1648.68
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX13</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 75.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1773.68
<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

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**

Full Name (Last, First, Middle Initial) <b>A. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX14</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 30.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX14</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 20.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX14</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period [REDACTED] 20.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX151</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period 65.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX160</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period 50.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX166</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Amount of Each Disbursement this Period 50.00
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX16</b> Amount of Each Disbursement this Period 60.00
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees	

Full Name (Last, First, Middle Initial) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX15</b> Amount of Each Disbursement this Period 25.00
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees	

Full Name (Last, First, Middle Initial) <b>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX18</b> Amount of Each Disbursement this Period 15.00
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Credit Card Merchant Fees	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<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. North American Marketing Inc.**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Mailer

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-EX23**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Mailer

Full Name (Last, First, Middle Initial)

**B. North American Marketing Inc.**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Mailer

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-EX32**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Mailer

Full Name (Last, First, Middle Initial)

**C. North American Marketing Inc.**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Mailer

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-EX41**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Mailer

**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. North American Marketing Inc.**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Mailer

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-EX60**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Mailer

Full Name (Last, First, Middle Initial)

**B. North American Marketing Inc.**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Mailer

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-EX81**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Mailer

Full Name (Last, First, Middle Initial)

**C. North American Marketing Inc.**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Mailer

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-EX96**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Mailer

**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. North American Marketing Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018	
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21b-EX10f</b>
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Mailer		Category/ Type 001	Amount of Each Disbursement this Period 754.91
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Mailer	
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. North American Marketing Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018	
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21b-EX120</b>
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Mailer		Category/ Type 001	Amount of Each Disbursement this Period 809.45
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Mailer	
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. North American Marketing Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018	
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21b-EX13f</b>
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Mailer		Category/ Type 001	Amount of Each Disbursement this Period 556.41
Candidate Name		Memo Item <input type="checkbox"/> Reference: ACH Type: Payment Account/Description: Mailer	
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).....▶	2120.77
<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. North American Marketing Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2018
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX15:</b> Amount of Each Disbursement this Period 538.93
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Mailer		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Mailer	

Full Name (Last, First, Middle Initial) <b>B. North American Marketing Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX16:</b> Amount of Each Disbursement this Period 681.26
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Mailer		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Mailer	

Full Name (Last, First, Middle Initial) <b>C. North American Marketing Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX18:</b> Amount of Each Disbursement this Period 356.00
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Reference: ACH Type: Payment Account/Description: Mailer		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Reference: ACH Type: Payment Account/Description: Mailer	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1576.19
<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. Wisconsin Sctf

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Reference: 6268|Type: Check|Account/Description: Child Support

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
01		26		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX43

Amount of Each Disbursement this Period

[REDACTED] 55.38

Memo Item Reference: 6268|Type: Check|Account/Description: Child Support

Full Name (Last, First, Middle Initial)

### B. Wisconsin Sctf

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Reference: 6283|Type: Check|Account/Description: Child Support

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
02		02		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX66

Amount of Each Disbursement this Period

[REDACTED] 55.38

Memo Item Reference: 6283|Type: Check|Account/Description: Child Support

Full Name (Last, First, Middle Initial)

### C. Wisconsin Sctf

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Reference: 6298|Type: Check|Account/Description: Child Support

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
02		09		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX84

Amount of Each Disbursement this Period

[REDACTED] 55.38

Memo Item Reference: 6298|Type: Check|Account/Description: Child Support

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

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

[REDACTED] 166.14

[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 Sctf**

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Reference: 6313|Type: Check|Account/Description: Child Support

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX99

Amount of Each Disbursement this Period

[REDACTED] 55.38

Memo Item Reference: 6313|Type: Check|Account/Description: Child Support

Full Name (Last, First, Middle Initial)

**B. Wisconsin Sctf**

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Reference: 6326|Type: Check|Account/Description: Child Support

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX108

Amount of Each Disbursement this Period

[REDACTED] 55.38

Memo Item Reference: 6326|Type: Check|Account/Description: Child Support

Full Name (Last, First, Middle Initial)

**C. Wisconsin Sctf**

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Reference: 6339|Type: Check|Account/Description: Child Support

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX121

Amount of Each Disbursement this Period

[REDACTED] 55.38

Memo Item Reference: 6339|Type: Check|Account/Description: Child Support

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

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

[REDACTED] 166.14

[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 Sctf**

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Reference: 6356|Type: Check|Account/Description: Child Support

001
Category/ Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21b-EX141**

Amount of Each Disbursement this Period

[ ] 105.00

Memo Item Reference: 6356|Type: Check|Account/Description: Child Support

Full Name (Last, First, Middle Initial)

**B. Wisconsin Sctf**

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Reference: 6370|Type: Check|Account/Description: Child Support

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2018

FEC Identification Number

C [ ]

**Transaction ID : SB21b-EX155**

Amount of Each Disbursement this Period

[ ] 105.00

Memo Item Reference: 6370|Type: Check|Account/Description: Child Support

Full Name (Last, First, Middle Initial)

**C. Wisconsin Sctf**

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Reference: 6384|Type: Check|Account/Description: Child Support

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2018

FEC Identification Number

C [ ]

**Transaction ID : SB21b-EX161**

Amount of Each Disbursement this Period

[ ] 105.00

Memo Item Reference: 6384|Type: Check|Account/Description: Child Support

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

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

[ ] 315.00
[ ]

# 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. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement  
Reference: 6396|Type: Check|Account/Description: Child 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		3	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX18

Amount of Each Disbursement this Period

[REDACTED] 105.00

Memo Item Reference: 6396|Type: Check|Account/Description: Child Support

Full Name (Last, First, Middle Initial)

### B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280

Purpose of Disbursement  
Reference: Net248|Type: Check|Account/Description: Federal 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	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX15

Amount of Each Disbursement this Period

[REDACTED] 1583.10

Memo Item Reference: Net248|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

### C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280

Purpose of Disbursement  
Reference: Net266|Type: Check|Account/Description: Federal 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	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX26

Amount of Each Disbursement this Period

[REDACTED] 1801.05

Memo Item Reference: Net266|Type: Check|Account/Description: Federal Withholding

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

[REDACTED] 3489.15

**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

Purpose of Disbursement Reference: Net284|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
01 / 19 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX35  
Amount of Each Disbursement this Period  
2146.60

Memo Item Reference: Net284|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net301|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
01 / 26 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX44  
Amount of Each Disbursement this Period  
2032.42

Memo Item Reference: Net301|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net286|Type: Check|Account/Description: Federal Unemployment

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
01 / 31 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX55  
Amount of Each Disbursement this Period  
438.70

Memo Item Reference: Net286|Type: Check|Account/Description: Federal Unemployment

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

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

4617.72

**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. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net317|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX67  
Amount of Each Disbursement this Period  
1663.38

Memo Item Reference: Net317|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net333|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX85  
Amount of Each Disbursement this Period  
2359.07

Memo Item Reference: Net333|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net350|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX10  
Amount of Each Disbursement this Period  
2198.63

Memo Item Reference: Net350|Type: Check|Account/Description: Federal Withholding

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

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

6221.08

**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. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net366|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX10e  
Amount of Each Disbursement this Period  
2123.64

Memo Item Reference: Net366|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net381|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX127  
Amount of Each Disbursement this Period  
2143.80

Memo Item Reference: Net381|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net396|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 09 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX14;  
Amount of Each Disbursement this Period  
2105.73

Memo Item Reference: Net396|Type: Check|Account/Description: Federal Withholding

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

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

6373.17



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net411|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 16 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX15f  
Amount of Each Disbursement this Period  
2464.96

Memo Item Reference: Net411|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net427|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 23 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX170  
Amount of Each Disbursement this Period  
2277.39

Memo Item Reference: Net427|Type: Check|Account/Description: Federal Withholding

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Reference: Net444|Type: Check|Account/Description: Federal Withholding

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX18f  
Amount of Each Disbursement this Period  
2282.21

Memo Item Reference: Net444|Type: Check|Account/Description: Federal Withholding

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

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

7024.56

**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. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		05		2018

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net249|Type: Check|Account/Description: State Withholding

001
Category/Type

FEC Identification Number

C
---

Transaction ID : SB21b-EX16  
Amount of Each Disbursement this Period

204.90
--------

Candidate Name

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

Memo Item Reference: Net249|Type: Check|Account/Description: State Withholding

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
01		12		2018

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net267|Type: Check|Account/Description: State Withholding

001
Category/Type

FEC Identification Number

C
---

Transaction ID : SB21b-EX27  
Amount of Each Disbursement this Period

239.76
--------

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

Memo Item Reference: Net267|Type: Check|Account/Description: State Withholding

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
01		19		2018

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net285|Type: Check|Account/Description: State Withholding

001
Category/Type

FEC Identification Number

C
---

Transaction ID : SB21b-EX36  
Amount of Each Disbursement this Period

310.62
--------

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

Memo Item Reference: Net285|Type: Check|Account/Description: State Withholding

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

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

755.28
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement Reference: Net303|Type: Check|Account/Description: State Withholding

001  
Category/  
Type

Transaction ID : SB21b-EX46  
Amount of Each Disbursement this Period

[REDACTED] 338.96

Candidate Name

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

Memo Item Reference: Net303|Type: Check|Account/Description: State Withholding

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement Reference: Net319|Type: Check|Account/Description: State Withholding

001  
Category/  
Type

Transaction ID : SB21b-EX71  
Amount of Each Disbursement this Period

[REDACTED] 243.25

Candidate Name

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

Memo Item Reference: Net319|Type: Check|Account/Description: State Withholding

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement Reference: Net335|Type: Check|Account/Description: State Withholding

001  
Category/  
Type

Transaction ID : SB21b-EX87  
Amount of Each Disbursement this Period

[REDACTED] 382.55

Candidate Name

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

Memo Item Reference: Net335|Type: Check|Account/Description: State Withholding

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

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

[REDACTED] 964.76

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX10z**  
Amount of Each Disbursement this Period

[REDACTED] 336.83

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net351|Type: Check|Account/Description: State Withholding

001  
Category/Type

Candidate Name

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

Memo Item Reference: Net351|Type: Check|Account/Description: State Withholding

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		23		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX11**  
Amount of Each Disbursement this Period

[REDACTED] 350.44

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net367|Type: Check|Account/Description: State Withholding

001  
Category/Type

Candidate Name

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

Memo Item Reference: Net367|Type: Check|Account/Description: State Withholding

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		02		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX13**  
Amount of Each Disbursement this Period

[REDACTED] 328.00

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net382|Type: Check|Account/Description: State Withholding

001  
Category/Type

Candidate Name

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

Memo Item Reference: Net382|Type: Check|Account/Description: State Withholding

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

[REDACTED] 1015.27

**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. Wisconsin Department of Revenue**

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net397|Type: Check|Account/Description: State Withholding

001  
Category/Type

Transaction ID : SB21b-EX14  
Amount of Each Disbursement this Period

[REDACTED] 317.00

Candidate Name

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

Memo Item Reference: Net397|Type: Check|Account/Description: State Withholding

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		16		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net412|Type: Check|Account/Description: State Withholding

001  
Category/Type

Transaction ID : SB21b-EX18  
Amount of Each Disbursement this Period

[REDACTED] 375.85

Candidate Name

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

Memo Item Reference: Net412|Type: Check|Account/Description: State Withholding

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		23		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net428|Type: Check|Account/Description: State Withholding

001  
Category/Type

Transaction ID : SB21b-EX17  
Amount of Each Disbursement this Period

[REDACTED] 340.29

Candidate Name

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

Memo Item Reference: Net428|Type: Check|Account/Description: State Withholding

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

[REDACTED] 1033.14

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C
---

**Transaction ID : SB21b-EX191**  
Amount of Each Disbursement this Period

364.92
--------

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Reference: Net445|Type: Check|Account/Description: State Withholding

001
Category/Type

Candidate Name

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

Memo Item Reference: Net445|Type: Check|Account/Description: State Withholding

Full Name (Last, First, Middle Initial)

**B. Pnc Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2018

Mailing Address PO Box 856177

FEC Identification Number

C
---

**Transaction ID : SB21b-EX47**  
Amount of Each Disbursement this Period

254.99
--------

City Louisville State KY Zip Code 40285

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Paid PNC Credit Card Paym

001
Category/Type

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Paid PNC Credit Card Paym

Full Name (Last, First, Middle Initial)

**C. Pnc Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2018

Mailing Address PO Box 856177

FEC Identification Number

C
---

**Transaction ID : SB21b-EX17**  
Amount of Each Disbursement this Period

15.99
-------

City Louisville State KY Zip Code 40285

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Paid PNC Credit Card Paym

001
Category/Type

Candidate Name

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

Memo Item Reference: ACH|Type: Payment|Account/Description: Paid PNC Credit Card Paym

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

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

635.90
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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. Pnc Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Paid PNC Credit Card Paym

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX18:  
Amount of Each Disbursement this Period

[REDACTED] 40.00

Memo Item Reference: ACH|Type: Payment|Account/Description: Paid PNC Credit Card Paym

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708

Purpose of Disbursement Reference: 6297|Type: Check|Account/Description: Wage Attachment

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX86  
Amount of Each Disbursement this Period

[REDACTED] 137.75

Memo Item Reference: 6297|Type: Check|Account/Description: Wage Attachment

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708

Purpose of Disbursement Reference: 6312|Type: Check|Account/Description: Wage Attachment

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX10:  
Amount of Each Disbursement this Period

[REDACTED] 107.84

Memo Item Reference: 6312|Type: Check|Account/Description: Wage Attachment

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

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

[REDACTED] 285.59

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708

Purpose of Disbursement Reference: 6338|Type: Check|Account/Description: Wage Attachment

Candidate Name

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

Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number  
  
**Transaction ID : SB21b-EX12f**  
 Amount of Each Disbursement this Period  
  
 Memo Item Reference: 6338|Type: Check|Account/Description: Wage Attachment

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708

Purpose of Disbursement Reference: 6355|Type: Check|Account/Description: Wage Attachment

Candidate Name

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

Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 09 / 2018

FEC Identification Number  
  
**Transaction ID : SB21b-EX13**  
 Amount of Each Disbursement this Period  
  
 Memo Item Reference: 6355|Type: Check|Account/Description: Wage Attachment

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708

Purpose of Disbursement Reference: 6369|Type: Check|Account/Description: Wage Attachment

Candidate Name

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

Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 16 / 2018

FEC Identification Number  
  
**Transaction ID : SB21b-EX15f**  
 Amount of Each Disbursement this Period  
  
 Memo Item Reference: 6369|Type: Check|Account/Description: Wage Attachment

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

## A. Wisconsin Department of Revenue

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708

Purpose of Disbursement Reference: 6383|Type: Check|Account/Description: Wage Attachment

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 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX171  
Amount of Each Disbursement this Period  
105.25

Memo Item Reference: 6383|Type: Check|Account/Description: Wage Attachment

Full Name (Last, First, Middle Initial)

## B. Wisconsin Department of Revenue

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708

Purpose of Disbursement Reference: 6395|Type: Check|Account/Description: Wage Attachment

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 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX190  
Amount of Each Disbursement this Period  
140.60

Memo Item Reference: 6395|Type: Check|Account/Description: Wage Attachment

Full Name (Last, First, Middle Initial)

## C. Department of Workforce Development

Mailing Address 6083 N Teutonia Ave  
PO Box 09999

City Milwaukee State WI Zip Code 53209

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: State Unemployment

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX53  
Amount of Each Disbursement this Period  
2835.45

Memo Item Reference: ACH|Type: Payment|Account/Description: State Unemployment

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

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

3081.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Nielsen Merksamer**

Mailing Address 2350 Kerner Boulevard  
Suite 250

City San Rafael State CA Zip Code 94901

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Lawyer

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-EX80**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Lawyer

Full Name (Last, First, Middle Initial)

**B. Nielsen Merksamer**

Mailing Address 2350 Kerner Boulevard  
Suite 250

City San Rafael State CA Zip Code 94901

Purpose of Disbursement Reference: ACH|Type: Payment|Account/Description: Lawyer

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-EX159**  
Amount of Each Disbursement this Period

Memo Item Reference: ACH|Type: Payment|Account/Description: Lawyer

Full Name (Last, First, Middle Initial)

**C. Oregon Department of Justice**

Mailing Address PO Box 14506

City Salem State OR Zip Code 97309

Purpose of Disbursement Reference: 6382|Type: Check|Account/Description: Wage Attachment

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-EX161**  
Amount of Each Disbursement this Period

Memo Item Reference: 6382|Type: Check|Account/Description: Wage Attachment

**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. Oregon Department of Justice**

Mailing Address PO Box 14506

City Salem State OR Zip Code 97309

Purpose of Disbursement Reference: 6394|Type: Check|Account/Description: Wage Attachment

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX18f  
Amount of Each Disbursement this Period  
34.38

Memo Item Reference: 6394|Type: Check|Account/Description: Wage Attachment

Full Name (Last, First, Middle Initial)

**B. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6Federal Withholding |Type: Payroll Check|Account/Description: P

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
01 / 12 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX193  
Amount of Each Disbursement this Period  
168.87

Memo Item Reference: 6Federal Withholding |Type: Payroll Check|Account/Description: P

Full Name (Last, First, Middle Initial)

**C. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6245|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
01 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX19  
Amount of Each Disbursement this Period  
331.31

Memo Item Reference: 6245|Type: Payroll Check|Account/Description: Payroll

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

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

534.56

**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. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6257|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2018

FEC Identification Number

C  
**Transaction ID : SB21b-EX195**  
 Amount of Each Disbursement this Period  
 218.19

Memo Item Reference: 6257|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6270|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C  
**Transaction ID : SB21b-EX196**  
 Amount of Each Disbursement this Period  
 196.64

Memo Item Reference: 6270|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6285|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C  
**Transaction ID : SB21b-EX197**  
 Amount of Each Disbursement this Period  
 207.81

Memo Item Reference: 6285|Type: Payroll Check|Account/Description: Payroll

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

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

622.64

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6301|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX19f  
Amount of Each Disbursement this Period  
219.56  
Reference: 6301|Type: Payroll  
 Memo Item Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6314|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX199  
Amount of Each Disbursement this Period  
306.21  
Reference: 6314|Type: Payroll  
 Memo Item Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6327|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX20i  
Amount of Each Disbursement this Period  
256.66  
Reference: 6327|Type: Payroll  
 Memo Item Check|Account/Description: Payroll

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

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

782.43

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6343|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX201

Amount of Each Disbursement this Period

[REDACTED] 251.40

Memo Item Reference: 6343|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6357|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX202

Amount of Each Disbursement this Period

[REDACTED] 277.78

Memo Item Reference: 6357|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement Reference: 6372|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX203

Amount of Each Disbursement this Period

[REDACTED] 250.34

Memo Item Reference: 6372|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 779.52

[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. Bent Thomas B**

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement  
Reference: 6385|Type: Payroll Check|Account/Description: 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	3		3	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX204

Amount of Each Disbursement this Period

[REDACTED] 205.46

Memo Item Reference: 6385|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave #11

City West Allis

State WI

Zip Code 53219

Purpose of Disbursement  
Reference: 6258|Type: Payroll Check|Account/Description: 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		2	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX207

Amount of Each Disbursement this Period

[REDACTED] 77.57

Memo Item Reference: 6258|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave #11

City West Allis

State WI

Zip Code 53219

Purpose of Disbursement  
Reference: 6271|Type: Payroll Check|Account/Description: 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	2		0	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX201

Amount of Each Disbursement this Period

[REDACTED] 77.58

Memo Item Reference: 6271|Type: Payroll Check|Account/Description: Payroll

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

[REDACTED] 360.61

**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. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6286|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX20  
Amount of Each Disbursement this Period  
128.41

Memo Item Reference: 6286|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6Return Deposit Item|Type: Payroll Check|Account/Description: Pa

Candidate Name

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

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX210  
Amount of Each Disbursement this Period  
122.22

Memo Item Reference: 6Return Deposit Item|Type: Payroll Check|Account/Description: Pa

Full Name (Last, First, Middle Initial)

**C. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6315|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX21  
Amount of Each Disbursement this Period  
77.57

Memo Item Reference: 6315|Type: Payroll Check|Account/Description: Payroll

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

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

328.20



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6328|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

**Transaction ID : SB21b-EX212**  
Amount of Each Disbursement this Period

Memo Item Reference: 6328|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6344|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
03 / 09 / 2018

FEC Identification Number

**Transaction ID : SB21b-EX213**  
Amount of Each Disbursement this Period

Memo Item Reference: 6344|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6358|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
03 / 16 / 2018

FEC Identification Number

**Transaction ID : SB21b-EX211**  
Amount of Each Disbursement this Period

Memo Item Reference: 6358|Type: Payroll Check|Account/Description: Payroll

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6373|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX215

Amount of Each Disbursement this Period

[REDACTED] 134.59

Memo Item Reference: 6373|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Blair Daniel T**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Reference: 6386|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX216

Amount of Each Disbursement this Period

[REDACTED] 77.58

Memo Item Reference: 6386|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Cannestra Larry**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement Reference: 6247|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX211

Amount of Each Disbursement this Period

[REDACTED] 97.89

Memo Item Reference: 6247|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 310.06

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Cannestra Larry</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2018
Mailing Address 1800 West Becker Street Apt 2011		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX22t</b>
City Milwaukee	State WI	Zip Code 53215
Purpose of Disbursement Reference: 6259 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 103.36
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) ▼	Reference: 6259 Type: Payroll Check Account/Description: Payroll
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Cannestra Larry</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address 1800 West Becker Street Apt 2011		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX22t</b>
City Milwaukee	State WI	Zip Code 53215
Purpose of Disbursement Reference: 6272 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 110.43
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) ▼	Reference: 6272 Type: Payroll Check Account/Description: Payroll
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Cannestra Larry</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018
Mailing Address 1800 West Becker Street Apt 2011		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX22t</b>
City Milwaukee	State WI	Zip Code 53215
Purpose of Disbursement Reference: 6287 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 103.36
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) ▼	Reference: 6287 Type: Payroll Check Account/Description: Payroll
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	317.15
<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. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6235|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX224

Amount of Each Disbursement this Period

[REDACTED] 265.12

Memo Item Reference: 6235|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6248|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX225

Amount of Each Disbursement this Period

[REDACTED] 35.33

Memo Item Reference: 6248|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6260|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX221

Amount of Each Disbursement this Period

[REDACTED] 371.37

Memo Item Reference: 6260|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 671.82

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6273|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX227

Amount of Each Disbursement this Period

[REDACTED] 76.18

Memo Item Reference: 6273|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6288|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX228

Amount of Each Disbursement this Period

[REDACTED] 271.19

Memo Item Reference: 6288|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6303|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX22:

Amount of Each Disbursement this Period

[REDACTED] 206.49

Memo Item Reference: 6303|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 553.86

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Dolister Brian</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX23c</b> Amount of Each Disbursement this Period [REDACTED] 130.61
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Reference: 6316 Type: Payroll Check Account/Description: Payroll		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Reference: 6316 Type: Payroll Check Account/Description: Payroll	

Full Name (Last, First, Middle Initial) <b>B. Dolister Brian</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX231</b> Amount of Each Disbursement this Period [REDACTED] 70.19
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Reference: 6329 Type: Payroll Check Account/Description: Payroll		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Reference: 6329 Type: Payroll Check Account/Description: Payroll	

Full Name (Last, First, Middle Initial) <b>C. Dolister Brian</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX23;</b> Amount of Each Disbursement this Period [REDACTED] 137.03
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Reference: 6345 Type: Payroll Check Account/Description: Payroll		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Reference: 6345 Type: Payroll Check Account/Description: Payroll	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 337.83
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6359|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX23:

Amount of Each Disbursement this Period

[REDACTED] 159.28

Memo Item Reference: 6359|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6374|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX23:

Amount of Each Disbursement this Period

[REDACTED] 98.70

Memo Item Reference: 6374|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Dolister Brian**

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Reference: 6399|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX23:

Amount of Each Disbursement this Period

[REDACTED] 67.98

Memo Item Reference: 6399|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 325.96

[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. Gosia Dean L**

Mailing Address 4133 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6236|Type: Payroll Check|Account/Description: 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	2		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX237**

Amount of Each Disbursement this Period

343.54

Memo Item Reference: 6236|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Gosia Dean L**

Mailing Address 4134 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6249|Type: Payroll Check|Account/Description: 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	9		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX238**

Amount of Each Disbursement this Period

428.74

Memo Item Reference: 6249|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Gosia Dean L**

Mailing Address 4135 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6261|Type: Payroll Check|Account/Description: 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		2	6		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX23:**

Amount of Each Disbursement this Period

277.05

Memo Item Reference: 6261|Type: Payroll Check|Account/Description: Payroll

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

1049.33

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Gosia Dean L**

Mailing Address 4136 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6274|Type: Payroll Check|Account/Description: Payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C

**Transaction ID : SB21b-EX24c**

Amount of Each Disbursement this Period

389.85

Memo Item Reference: 6274|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Gosia Dean L**

Mailing Address 4137 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6289|Type: Payroll Check|Account/Description: Payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C

**Transaction ID : SB21b-EX24i**

Amount of Each Disbursement this Period

415.99

Memo Item Reference: 6289|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Gosia Dean L**

Mailing Address 4138 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6304|Type: Payroll Check|Account/Description: Payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C

**Transaction ID : SB21b-EX24j**

Amount of Each Disbursement this Period

597.64

Memo Item Reference: 6304|Type: Payroll Check|Account/Description: Payroll

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

1403.48

**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. Gosia Dean L**

Mailing Address 4139 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6317|Type: Payroll Check|Account/Description: 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	2		2	3		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX24:**

Amount of Each Disbursement this Period

286.54

Memo Item Reference: 6317|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Gosia Dean L**

Mailing Address 4140 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6330|Type: Payroll Check|Account/Description: 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	3		0	2		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX24**

Amount of Each Disbursement this Period

493.75

Memo Item Reference: 6330|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Gosia Dean L**

Mailing Address 4141 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6346|Type: Payroll Check|Account/Description: 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	3		0	9		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX24:**

Amount of Each Disbursement this Period

433.72

Memo Item Reference: 6346|Type: Payroll Check|Account/Description: Payroll

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

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

1214.01

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Gosia Dean L**

Mailing Address 4142 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6360|Type: Payroll Check|Account/Description: Payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX24f**

Amount of Each Disbursement this Period

[REDACTED] 533.57

Memo Item Reference: 6360|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Gosia Dean L**

Mailing Address 4143 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6375|Type: Payroll Check|Account/Description: Payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX24f**

Amount of Each Disbursement this Period

[REDACTED] 402.91

Memo Item Reference: 6375|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Gosia Dean L**

Mailing Address 4144 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement  
Reference: 6387|Type: Payroll Check|Account/Description: Payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX24f**

Amount of Each Disbursement this Period

[REDACTED] 383.73

Memo Item Reference: 6387|Type: Payroll Check|Account/Description: Payroll

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

[REDACTED] 1320.21

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement  
Reference: 6250|Type: Payroll Check|Account/Description: 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	9		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX25c**

Amount of Each Disbursement this Period

[REDACTED]	352.73
------------	--------

Memo Item Reference: 6250|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement  
Reference: 6262|Type: Payroll Check|Account/Description: 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		2	6		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX25i**

Amount of Each Disbursement this Period

[REDACTED]	360.79
------------	--------

Memo Item Reference: 6262|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement  
Reference: 6275|Type: Payroll Check|Account/Description: 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	2		0	2		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21b-EX25j**

Amount of Each Disbursement this Period

[REDACTED]	127.52
------------	--------

Memo Item Reference: 6275|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED]	841.04
------------	--------

[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. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Reference: 6290|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX25

Amount of Each Disbursement this Period

[REDACTED] 337.26

Memo Item Reference: 6290|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Reference: 6305|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX25

Amount of Each Disbursement this Period

[REDACTED] 264.75

Memo Item Reference: 6305|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Reference: 6318|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX25

Amount of Each Disbursement this Period

[REDACTED] 417.49

Memo Item Reference: 6318|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 1019.50

[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. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement  
Reference: 6331|Type: Payroll Check|Account/Description: 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		02		2018

FEC Identification Number

C

**Transaction ID : SB21b-EX25f**

Amount of Each Disbursement this Period

149.49

Memo Item Reference: 6331|Type: Payroll  
Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement  
Reference: 6347|Type: Payroll Check|Account/Description: 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		09		2018

FEC Identification Number

C

**Transaction ID : SB21b-EX25f**

Amount of Each Disbursement this Period

297.96

Memo Item Reference: 6347|Type: Payroll  
Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Harris Thomas O**

Mailing Address 828a W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement  
Reference: 6361|Type: Payroll Check|Account/Description: 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		16		2018

FEC Identification Number

C

**Transaction ID : SB21b-EX25f**

Amount of Each Disbursement this Period

359.34

Memo Item Reference: 6361|Type: Payroll  
Check|Account/Description: Payroll

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

806.79

**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) <b>A. Harris Thomas O</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address 828a W Galena St #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX25</b>
City Milwaukee	State WI	Zip Code 53205
Purpose of Disbursement Reference: 6376 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 258.44
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/> Reference: 6376 Type: Payroll Check Account/Description: Payroll
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harris Thomas O</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address 828a W Galena St #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX26</b>
City Milwaukee	State WI	Zip Code 53205
Purpose of Disbursement Reference: 6388 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 344.12
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/> Reference: 6388 Type: Payroll Check Account/Description: Payroll
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Huffman Royce E</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 1653 S 22nd Street #1r		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX26</b>
City Milwaukee	State WI	Zip Code 53204
Purpose of Disbursement Reference: 6225 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 289.78
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/> Reference: 6225 Type: Payroll Check Account/Description: Payroll
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	892.34
<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. Huffman Royce E**

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6237|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX26  
Amount of Each Disbursement this Period  
310.64

Memo Item Reference: 6237|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Huffman Royce E**

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6251|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX26  
Amount of Each Disbursement this Period  
380.66

Memo Item Reference: 6251|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Huffman Royce E**

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6263|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX26  
Amount of Each Disbursement this Period  
390.69

Memo Item Reference: 6263|Type: Payroll Check|Account/Description: Payroll

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

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

1081.99



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

### A. Huffman Royce E

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6276|Type: Payroll Check|Account/Description: Payroll

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
02	/	02	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX265

Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item Reference: 6276|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

### B. Huffman Royce E

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6291|Type: Payroll Check|Account/Description: Payroll

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
02	/	09	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX266

Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item Reference: 6291|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

### C. Huffman Royce E

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6306|Type: Payroll Check|Account/Description: Payroll

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
02	/	16	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX267

Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item Reference: 6306|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 1138.86

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

### A. Huffman Royce E

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6319|Type: Payroll Check|Account/Description: Payroll

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	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX26t

Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item Reference: 6319|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

### B. Huffman Royce E

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6332|Type: Payroll Check|Account/Description: Payroll

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	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX269

Amount of Each Disbursement this Period

[REDACTED] 375.57

Memo Item Reference: 6332|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

### C. Huffman Royce E

Mailing Address 1653 S 22nd Street  
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Reference: 6348|Type: Payroll Check|Account/Description: Payroll

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	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX271

Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item Reference: 6348|Type: Payroll Check|Account/Description: Payroll

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

[REDACTED] 1134.81

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Huffman Royce E</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2018
Mailing Address 1653 S 22nd Street #1r		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX271</b>
City Milwaukee	State WI	Zip Code 53204
Purpose of Disbursement Reference: 6362 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 379.62
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) ▼	Reference: 6362 Type: Payroll Check Account/Description: Payroll
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Huffman Royce E</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address 1653 S 22nd Street #1r		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX272</b>
City Milwaukee	State WI	Zip Code 53204
Purpose of Disbursement Reference: 6377 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 359.30
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) ▼	Reference: 6377 Type: Payroll Check Account/Description: Payroll
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Huffman Royce E</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address 1653 S 22nd Street #1r		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX273</b>
City Milwaukee	State WI	Zip Code 53204
Purpose of Disbursement Reference: 6389 Type: Payroll Check Account/Description: Payroll		Amount of Each Disbursement this Period 375.57
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) ▼	Reference: 6389 Type: Payroll Check Account/Description: Payroll
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1114.49
<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. Kexel James L**

Mailing Address 2302 12th Avenue  
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Reference: 6226|Type: Payroll Check|Account/Description: Payroll

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	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX274

Amount of Each Disbursement this Period

[REDACTED] 206.15

Memo Item Reference: 6226|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Kexel James L**

Mailing Address 2303 12th Avenue  
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Reference: 6238|Type: Payroll Check|Account/Description: Payroll

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	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX275

Amount of Each Disbursement this Period

[REDACTED] 307.73

Memo Item Reference: 6238|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Kexel James L**

Mailing Address 2304 12th Avenue  
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Reference: 6252|Type: Payroll Check|Account/Description: Payroll

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	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX271

Amount of Each Disbursement this Period

[REDACTED] 356.60

Memo Item Reference: 6252|Type: Payroll Check|Account/Description: Payroll

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

[REDACTED] 870.48

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Kexel James L**

Mailing Address 2305 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
Reference: 6264|Type: Payroll Check|Account/Description: 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		2	6		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX277**

Amount of Each Disbursement this Period

387.45

Memo Item Reference: 6264|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Kexel James L**

Mailing Address 2307 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
Reference: 6292|Type: Payroll Check|Account/Description: 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	2		0	9		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX279**

Amount of Each Disbursement this Period

380.55

Memo Item Reference: 6292|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Kexel James L**

Mailing Address 2308 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
Reference: 6307|Type: Payroll Check|Account/Description: 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	2		1	6		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21b-EX281**

Amount of Each Disbursement this Period

237.71

Memo Item Reference: 6307|Type: Payroll Check|Account/Description: Payroll

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

1005.71

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Kexel James L</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018	
Mailing Address 2309 12th Avenue #18		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX281</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 329.44
Purpose of Disbursement Reference: 6320 Type: Payroll Check Account/Description: Payroll		Category/Type 001	Memo Item <input type="checkbox"/> Reference: 6320 Type: Payroll Check Account/Description: 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:			

Full Name (Last, First, Middle Initial) <b>B. Kexel James L</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018	
Mailing Address 2310 12th Avenue #18		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX282</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 352.89
Purpose of Disbursement Reference: 6333 Type: Payroll Check Account/Description: Payroll		Category/Type 001	Memo Item <input type="checkbox"/> Reference: 6333 Type: Payroll Check Account/Description: 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:			

Full Name (Last, First, Middle Initial) <b>C. Kexel James L</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018	
Mailing Address 2311 12th Avenue #18		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX28:</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 248.88
Purpose of Disbursement Reference: 6349 Type: Payroll Check Account/Description: Payroll		Category/Type 001	Memo Item <input type="checkbox"/> Reference: 6349 Type: Payroll Check Account/Description: 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 931.21
<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. Kexel James L**

Mailing Address 2312 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
Reference: 6363|Type: Payroll Check|Account/Description: 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	3		1	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX284

Amount of Each Disbursement this Period

[REDACTED] 259.04

Memo Item Reference: 6363|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Kexel James L**

Mailing Address 2313 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
Reference: 6378|Type: Payroll Check|Account/Description: 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	3		2	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX285

Amount of Each Disbursement this Period

[REDACTED] 271.27

Memo Item Reference: 6378|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Kexel James L**

Mailing Address 2314 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
Reference: 6390|Type: Payroll Check|Account/Description: 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	3		3	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX281

Amount of Each Disbursement this Period

[REDACTED] 277.05

Memo Item Reference: 6390|Type: Payroll Check|Account/Description: Payroll

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

[REDACTED] 807.36

**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. Martin Kevin L**

Mailing Address 1822 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Reference: 6253|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
01 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX28e  
Amount of Each Disbursement this Period  
294.11

Memo Item Reference: 6253|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Martin Kevin L**

Mailing Address 1824 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Reference: 6293|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX291  
Amount of Each Disbursement this Period  
220.10

Memo Item Reference: 6293|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Martin Kevin L**

Mailing Address 1825 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Reference: 6308|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C  
Transaction ID : SB21b-EX29;  
Amount of Each Disbursement this Period  
330.35

Memo Item Reference: 6308|Type: Payroll Check|Account/Description: Payroll

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

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

844.56



**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. Martin Kevin L**

Mailing Address 1826 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Reference: 6321|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX29:

Amount of Each Disbursement this Period

[REDACTED] 239.96

Memo Item Reference: 6321|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Martin Kevin L**

Mailing Address 1827 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Reference: 6334|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX294

Amount of Each Disbursement this Period

[REDACTED] 256.28

Memo Item Reference: 6334|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Martin Kevin L**

Mailing Address 1828 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Reference: 6350|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX29:

Amount of Each Disbursement this Period

[REDACTED] 263.57

Memo Item Reference: 6350|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 759.81

[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. Martin Kevin L**

Mailing Address 1829 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Reference: 6364|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

**001**  
Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**C**

**Transaction ID : SB21b-EX29f**  
Amount of Each Disbursement this Period  
**258.96**

Memo Item Reference: 6364|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Nowak Justin**

Mailing Address 2041 S 30th Street

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement Reference: 6265|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

**001**  
Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**C**

**Transaction ID : SB21b-EX302**  
Amount of Each Disbursement this Period  
**251.66**

Memo Item Reference: 6265|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Nowak Justin**

Mailing Address 2042 S 30th Street

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement Reference: 6279|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

**001**  
Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**C**

**Transaction ID : SB21b-EX30:**  
Amount of Each Disbursement this Period  
**225.35**

Memo Item Reference: 6279|Type: Payroll Check|Account/Description: Payroll

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

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

**735.97**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial) <b>A. Nowak Justin</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018	
Mailing Address 2043 S 30th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX304</b>	
City Milwaukee	State WI	Zip Code 53215	Amount of Each Disbursement this Period 244.62
Purpose of Disbursement Reference: 6294 Type: Payroll Check Account/Description: Payroll		001	Memo Item <input type="checkbox"/>
Candidate Name		Category/Type	Reference: 6294 Type: Payroll Check Account/Description: Payroll
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Nowak Justin</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2018	
Mailing Address 2048 S 30th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX309</b>	
City Milwaukee	State WI	Zip Code 53215	Amount of Each Disbursement this Period 312.90
Purpose of Disbursement Reference: 6365 Type: Payroll Check Account/Description: Payroll		001	Memo Item <input type="checkbox"/>
Candidate Name		Category/Type	Reference: 6365 Type: Payroll Check Account/Description: Payroll
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Nowak Justin</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address 2050 S 30th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21b-EX311</b>	
City Milwaukee	State WI	Zip Code 53215	Amount of Each Disbursement this Period 260.61
Purpose of Disbursement Reference: 6392 Type: Payroll Check Account/Description: Payroll		001	Memo Item <input type="checkbox"/>
Candidate Name		Category/Type	Reference: 6392 Type: Payroll Check Account/Description: Payroll
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).....▶	818.13
<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. Olson Alan**

Mailing Address 8531 W Cascade Drive

City  
Franklin

State  
WI

Zip Code  
53132

Purpose of Disbursement  
Reference: 6366|Type: Payroll Check|Account/Description: 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	/	16	/	2018

FEC Identification Number

C

**Transaction ID : SB21b-EX313**

Amount of Each Disbursement this Period

228.57

Memo Item Reference: 6366|Type: Payroll  
Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Ostoich Michael J**

Mailing Address 6547 Greenway  
#1

City  
Greendale

State  
WI

Zip Code  
53129

Purpose of Disbursement  
Reference: 6241|Type: Payroll Check|Account/Description: 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
01	/	12	/	2018

FEC Identification Number

C

**Transaction ID : SB21b-EX315**

Amount of Each Disbursement this Period

144.45

Memo Item Reference: 6241|Type: Payroll  
Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Ostoich Michael J**

Mailing Address 6547 Greenway  
#1

City  
Greendale

State  
WI

Zip Code  
53129

Purpose of Disbursement  
Reference: 6255|Type: Payroll Check|Account/Description: 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
01	/	19	/	2018

FEC Identification Number

C

**Transaction ID : SB21b-EX311**

Amount of Each Disbursement this Period

281.54

Memo Item Reference: 6255|Type: Payroll  
Check|Account/Description: Payroll

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

654.56

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Reference: 6266|Type: Payroll Check|Account/Description: Payroll Return

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX317

Amount of Each Disbursement this Period

[REDACTED] 0.50

Memo Item Reference: 6266|Type: Payroll Check|Account/Description: Payroll Return Dep

Full Name (Last, First, Middle Initial)

**B. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Reference: 6280|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX318

Amount of Each Disbursement this Period

[REDACTED] 91.43

Memo Item Reference: 6280|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Reference: 6295|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX31!

Amount of Each Disbursement this Period

[REDACTED] 344.57

Memo Item Reference: 6295|Type: Payroll Check|Account/Description: Payroll

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

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

[REDACTED] 436.50

[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. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement Reference: 6310|Type: Payroll Check|Account/Description: Payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX32t

Amount of Each Disbursement this Period

217.25

Memo Item Reference: 6310|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement Reference: 6323|Type: Payroll Check|Account/Description: Payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX32t

Amount of Each Disbursement this Period

53.34

Memo Item Reference: 6323|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement Reference: 6336|Type: Payroll Check|Account/Description: Payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX32t

Amount of Each Disbursement this Period

327.23

Memo Item Reference: 6336|Type: Payroll Check|Account/Description: Payroll

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

597.82

**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

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**

Full Name (Last, First, Middle Initial)

**A. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Reference: 6353|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 09 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX32:  
Amount of Each Disbursement this Period  
338.67  
Reference: 6353|Type: Payroll  
 Memo Item Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Reference: 6367|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 16 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX32:  
Amount of Each Disbursement this Period  
328.16  
Reference: 6367|Type: Payroll  
 Memo Item Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**C. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Reference: 6381|Type: Payroll Check|Account/Description: Payroll

Candidate Name

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

001  
Category/Type

Date of Disbursement  
MM / DD / YYYY  
03 / 23 / 2018

FEC Identification Number  
C  
Transaction ID : SB21b-EX32:  
Amount of Each Disbursement this Period  
348.63  
Reference: 6381|Type: Payroll  
 Memo Item Check|Account/Description: Payroll

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

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

1015.46

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Emergency Responders and Firefighters**

Full Name (Last, First, Middle Initial)

**A. Ostoich Michael J**

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement Reference: 6393|Type: Payroll Check|Account/Description: Payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21b-EX32f

Amount of Each Disbursement this Period

360.06

Memo Item Reference: 6393|Type: Payroll Check|Account/Description: Payroll

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

360.06

608931.44