

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **06** / **2018** in the State of **ZZ**

5. Covering Period **10** / **18** / **2018** through **11** / **26** / **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 **01** / **13** / **2021**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		17488.47
(b) Cash on Hand at Beginning of Reporting Period.....	54789.24	
(c) Total Receipts (from Line 19)	87456.25	2108132.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	142245.49	2125621.26
7. Total Disbursements (from Line 31).....	89981.76	2073357.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52263.73	52263.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	3605.00	63707.99
(ii) Unitemized	83851.25	2044424.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	87456.25	2108132.79
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	87456.25	2108132.79
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	87456.25	2108132.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	87456.25	2108132.79

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	89496.76	2055277.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	89496.76	2055277.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	485.00	8080.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	485.00	8080.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	89981.76	2073357.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89981.76	2073357.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	87456.25	2108132.79
34. Total Contribution Refunds (from Line 28(d))	485.00	8080.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86971.25	2100052.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	89496.76	2055277.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	89496.76	2055277.53

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XA
Transaction ID :

BEST EFFORTS PROCEDURES - ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS / C006224721. Initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution.2. Secondly, if employer/occupation information was still not provided within the above steps, a follow up phone call would be placed to the contributor within 30 days of receipt of the contribution via a separate pre-addressed post card sent in the US Mail to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution.3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement.4. The missing employer/occupation information, if/when obtained, will be uploaded and we would subsequently update our reports to include the missing information. In instances where all efforts outlined above fail to obtain this information, the words "unavailable" or "refused" will be uploaded for these fields. In either scenario, the PAC will either file a memo Schedule A with its next regularly scheduled report, listing all contributions for which new contributor information has been received, or file an amendment to the original report.

Form/Schedule: F3XA
Transaction ID:

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. ASHTON, LOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 SYCAMORE DR
 City CANTON State GA Zip Code 30115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11AI-8502531
 Amount of Each Receipt this Period 60.00
 Memo Item

B. CAMERON, BARBARA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4268 PACIFICO LN
 City LAS VEGAS State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2018
Transaction ID : SA11AI-8503719
 Amount of Each Receipt this Period 150.00
 Memo Item

C. CONN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 GIDDINGS RANCH RD
 City ALTADENA State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2018
Transaction ID : SA11AI-8502625
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
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 8 OF 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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. CONN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 GIDDINGS RANCH RD
 City ALTADENA State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8503519
 Amount of Each Receipt this Period 100.00
 Memo Item

B. FERNANDES, CARLOS M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 LOUISA ST
 City ELIZABETH State NJ Zip Code 07201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BERTO CONSTRUCTION Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 21 / 2018
Transaction ID : SA11AI-8505951
 Amount of Each Receipt this Period 150.00
 Memo Item

C. FRIEDL, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1875 JEWELL CT
 City STOCKTON State CA Zip Code 95203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SKANSKA CONSTRUCTIONS Occupation (for Individual) SUPERINTENDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI-8501737
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<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. FRIEDL, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1875 JEWELL CT
 City STOCKTON State CA Zip Code 95203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Contruction Superintendent SKANSKA CONSTRUCTIONS
 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
 11 / 12 / 2018
Transaction ID : SA11AI-8504867
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. HAMBLET, SUSAN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 DAVIS AVE SW
 City LEESBURG State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : SA11AI-8502489
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. HARDERS, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10612 W 13TH ST
 City WOOD RIVER State NE Zip Code 68883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HARDERS LIVESTOCK TRUCK DRIVER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2018
Transaction ID : SA11AI-8502197
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 41
<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. HUDSON, LISA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 IDAHO AVE W
 City SAINT PAUL State MN Zip Code 55117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2018
Transaction ID : SA11AI-8500917
 Amount of Each Receipt this Period 150.00
 Memo Item

B. HUR, MARY JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 EAGLE CT
 City THE WOODLANDS State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8502961
 Amount of Each Receipt this Period 35.00
 Memo Item

C. JACKSON, MELVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 545
 City BRYSON CITY State NC Zip Code 28713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2018
Transaction ID : SA11AI-8505401
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<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. JADHAD, UMESH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8785 PETITE CREEK DR
 City ROSEVILLE State CA Zip Code 95661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deloitte Consulting Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2018
Transaction ID : SA11AI-8505921
 Amount of Each Receipt this Period 300.00
 Memo Item

B. KAMRAVA, Dr. David S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 WOODLAKE AVE STE 290
 City WEST HILLS State CA Zip Code 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encino Hospital Medical Center Occupation (for Individual) Pulmonology / General Pulmonary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8503533
 Amount of Each Receipt this Period 100.00
 Memo Item

C. KHALIL, RAMSIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 MAPLE ST APT 8D
 City LAWRENCE State MA Zip Code 01841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOSTON PUBLIC SCHOOLS Occupation (for Individual) PART TIME TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI-8501175
 Amount of Each Receipt this Period 100.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<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. KHALIL, RAMSIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 MAPLE ST
 APT 8D
 City LAWRENCE State MA Zip Code 01841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOSTON PUBLIC SCHOOLS Occupation (for Individual) PART TIME TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI-8503537
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KLINE, MITCHELL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 NOB HILL RD
 APT D
 City NEW LONDON State CT Zip Code 06320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 31 / 2018
Transaction ID : SA11AI-8503663
 Amount of Each Receipt this Period 50.00
 Memo Item

C. LEACH JR, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1233 E WALDBURG ST
 City SAVANNAH State GA Zip Code 31404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 24 / 2018
Transaction ID : SA11AI-8502641
 Amount of Each Receipt this Period 150.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LOMBARDO, MARIE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BAYBERRY LN
 City NORWELL State MA Zip Code 02061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : SA11AI-8502517
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. MORRIS-BECK, MONTEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 HICKORY TREE RD
 City SAINT CLOUD State FL Zip Code 34772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI-8506353
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. MOSES, CATHY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 798 SW MAIN BLVD
 City LAKE CITY State FL Zip Code 32025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI-8506355
 Amount of Each Receipt this Period
 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	440.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<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. OBENCHAIN, ALICE M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 SAVANNAH CT
 City DALEVILLE State VA Zip Code 24083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVERETT UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **10 / 23 / 2018**
Transaction ID : SA11AI-8502477
 Amount of Each Receipt this Period 350.00
 Memo Item

B. OWENS, BRITTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 PRIVATE ROAD 3090
 City LAMPASAS State TX Zip Code 76550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) heavy track veachile mechanic Occupation (for Individual) CONTRACTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI-8506373
 Amount of Each Receipt this Period 170.00
 Memo Item

C. PULLEN, JOHN S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 FAIRVIEW RD APT 210
 City RALEIGH State NC Zip Code 27608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **11 / 01 / 2018**
Transaction ID : SA11AI-8503761
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	820.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SIMPSON, KRISTEN, , ,

Mailing Address 2110 LINDA DALE

City HOUSTON	State TX	Zip Code 77077
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CAR RIGS	Occupation (for Individual) CPA
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2018

Transaction ID : SA11AI-8505423

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	3605.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

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
10			19			2018			

FEC Identification Number

Transaction ID : SB21B-83655
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

B. Hammen, Michelle, , ,

Mailing Address W4960 Kohler Drive

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

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
10			26			2018			

FEC Identification Number

Transaction ID : SB21B-83661
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

C. Piaro, Robert, , ,

Mailing Address 8444 County Road M

City
Fredonia

State
WI

Zip Code
53021

Purpose of Disbursement
payroll

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
10			19			2018			

FEC Identification Number

Transaction ID : SB21B-8365:
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

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

<input type="text" value="0.00"/>

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

<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83659

Amount of Each Disbursement this Period: 535.08

Paid via payroll company NatPay

Memo Item

B. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83665

Amount of Each Disbursement this Period: 535.09

Paid via payroll company NatPay

Memo Item

C. Piaro, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB21B-83671

Amount of Each Disbursement this Period: 535.07

Paid via payroll company NatPay

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial) A. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 11 / 16 / 2018	
Mailing Address 8444 County Road M				
City Fredonia		State WI	Zip Code 53021	
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
FEC Identification Number <input type="text" value="C"/>			Transaction ID : SB21B-83677	
Amount of Each Disbursement this Period <input type="text" value="535.09"/>			Paid via payroll company NatPay	
<input checked="" type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. Piaro, Robert, , ,			Date of Disbursement MM / DD / YYYY 11 / 23 / 2018	
Mailing Address 8444 County Road M				
City Fredonia		State WI	Zip Code 53021	
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
FEC Identification Number <input type="text" value="C"/>			Transaction ID : SB21B-83683	
Amount of Each Disbursement this Period <input type="text" value="535.08"/>			Paid via payroll company NatPay	
<input checked="" type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. Stetler, Melissa, , ,			Date of Disbursement MM / DD / YYYY 10 / 19 / 2018	
Mailing Address 520 Random Lake Rd. Apt 303				
City Random Lake		State WI	Zip Code 53075	
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
FEC Identification Number <input type="text" value="C"/>			Transaction ID : SB21B-83657	
Amount of Each Disbursement this Period <input type="text" value="192.33"/>			Paid via payroll company NatPay	
<input checked="" type="checkbox"/> Memo Item				

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

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

<input type="text" value="0.00"/>
<input type="text" value=""/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2018

FEC Identification Number

C

Transaction ID : SB21B-83663

Amount of Each Disbursement this Period

192.34

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-83669

Amount of Each Disbursement this Period

192.33

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-83667

Amount of Each Disbursement this Period

209.06

Paid via payroll company NatPay

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83675
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83673
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83681
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83679
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83687
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83688
Amount of Each Disbursement this Period

Paid via payroll company NatPay

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2018

Mailing Address 125 North 2nd Street
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83425
Amount of Each Disbursement this Period
8738.88

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2018

Mailing Address 125 North 2nd Street
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83427
Amount of Each Disbursement this Period
6846.72

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services LLC

Date of Disbursement

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

Mailing Address 125 North 2nd Street
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83428
Amount of Each Disbursement this Period
3569.76

Candidate Name

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

Memo Item

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

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

19155.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. American Technology Services LLC

Mailing Address 125 North 2nd Street
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

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-83431
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services LLC

Mailing Address 125 North 2nd Street
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement
Software/Software Licensing Payment

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-83433
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

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-83431
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

C

Transaction ID : SB21B-83441

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blankrome

Mailing Address 1 Logan Square

City
Philadelphia

State
PA

Zip Code
19103-6998

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2018			

FEC Identification Number

C

Transaction ID : SB21B-83443

Amount of Each Disbursement this Period

1249.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central
Suite 700

City
Clayton

State
MO

Zip Code
63105

Purpose of Disbursement
Credit Card Fee/ Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-83461

Amount of Each Disbursement this Period

1737.70

Memo Item

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

3017.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1345 Jefferson St.
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verification

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
10			24			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83485

Amount of Each Disbursement this Period

12403.52

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 Jefferson St.
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verification

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
10			31			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83487

Amount of Each Disbursement this Period

9718.06

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 Jefferson St.
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verification

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
11			07			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83488

Amount of Each Disbursement this Period

5066.60

Memo Item

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

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

27188.18

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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. Compliance Consultants LLC

Mailing Address 1345 Jefferson St.
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verification

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
11			14			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83491

Amount of Each Disbursement this Period

[REDACTED] 5167.89

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 Jefferson St.
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement
Credit Card Pmt Processing/ Verification

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
11			21			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83493

Amount of Each Disbursement this Period

[REDACTED] 3671.75

Memo Item

Full Name (Last, First, Middle Initial)

C. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane

State WA

Zip Code 99218

Purpose of Disbursement
Computer Equipment/Programming/Support

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83491

Amount of Each Disbursement this Period

[REDACTED] 871.70

Memo Item

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

[REDACTED] 9711.34

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. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City
Spokane

State
WA

Zip Code
99218

Purpose of Disbursement
Computer Equipment/Programming/Support

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83497

Amount of Each Disbursement this Period

892.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Department of Workforce Development

Mailing Address 6083 N Teutonia Avenue
PO Box 09999

City
Milwaukee

State
WI

Zip Code
53209-0999

Purpose of Disbursement
State Unemployment

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
10			31			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83499

Amount of Each Disbursement this Period

183.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83505

Amount of Each Disbursement this Period

43.91

Memo Item

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

1119.61

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83511
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83513
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83511
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2018			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-83519
Amount of Each Disbursement this Period
[REDACTED] 51.61

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2018			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-83521
Amount of Each Disbursement this Period
[REDACTED] 51.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Fox O'Neill Shannon S. C.

Mailing Address 622 N Water St
Ste 500

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement
Legal Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2018			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-8352:
Amount of Each Disbursement this Period
[REDACTED] 73.50

Memo Item

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

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

[REDACTED]	176.72
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83529
Amount of Each Disbursement this Period
536.42

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B-83531
Amount of Each Disbursement this Period
536.38

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B-8353:
Amount of Each Disbursement this Period
35.88

Memo Item

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

1108.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83535

Amount of Each Disbursement this Period

536.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83539

Amount of Each Disbursement this Period

536.36

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-8354:

Amount of Each Disbursement this Period

536.40

Memo Item

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

1609.16

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. National Payment Corporation

Mailing Address 3415 W Cypress St

City
Tampa

State
FL

Zip Code
33607

Purpose of Disbursement
Payroll Company

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37023

Amount of Each Disbursement this Period

[REDACTED] 936.47

Memo Item

Full Name (Last, First, Middle Initial)

B. National Payment Corporation

Mailing Address 3415 W Cypress St

City
Tampa

State
FL

Zip Code
33607

Purpose of Disbursement
Payroll Company

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37026

Amount of Each Disbursement this Period

[REDACTED] 936.49

Memo Item

Full Name (Last, First, Middle Initial)

C. National Payment Corporation

Mailing Address 3415 W Cypress St

City
Tampa

State
FL

Zip Code
33607

Purpose of Disbursement
Payroll Company

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37027

Amount of Each Disbursement this Period

[REDACTED] 936.48

Memo Item

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

[REDACTED] 2809.44

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. National Payment Corporation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2018

Mailing Address 3415 W Cypress St

FEC Identification Number

C

Transaction ID : SB21B-37030
Amount of Each Disbursement this Period

936.50

Memo Item

City Tampa State FL Zip Code 33607

Purpose of Disbursement Payroll Company 001 Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. National Payment Corporation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2018

Mailing Address 3415 W Cypress St

FEC Identification Number

C

Transaction ID : SB21B-37031
Amount of Each Disbursement this Period

936.48

Memo Item

City Tampa State FL Zip Code 33607

Purpose of Disbursement Payroll Company 001 Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. National Payment Corporation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		21		2018

Mailing Address 3415 W Cypress St

FEC Identification Number

C

Transaction ID : SB21B-37032
Amount of Each Disbursement this Period

936.47

Memo Item

City Tampa State FL Zip Code 33607

Purpose of Disbursement Payroll Company 001 Category/Type

Candidate Name

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

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

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

2809.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

FEC Identification Number

C []
Transaction ID : SB21B-83565
 Amount of Each Disbursement this Period
 [] 308.72

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

C []
Transaction ID : SB21B-83573
 Amount of Each Disbursement this Period
 [] 24.95

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

C []
Transaction ID : SB21B-83571
 Amount of Each Disbursement this Period
 [] 31.50

Memo Item

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

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

365.17

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9378

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83569

Amount of Each Disbursement this Period

58.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management

Mailing Address 11414 W. Park Place

City
Milwaukee

State
WI

Zip Code
53224

Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-83585

Amount of Each Disbursement this Period

100.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Management

Mailing Address 11414 W. Park Place

City
Milwaukee

State
WI

Zip Code
53224

Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-8358:

Amount of Each Disbursement this Period

103.32

Memo Item

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

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

262.52

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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. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83581
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83591
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83581
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83587
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83599
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Management

Mailing Address 11414 W. Park Place

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-83597
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2018

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83613
Amount of Each Disbursement this Period
4227.60

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2018

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83615
Amount of Each Disbursement this Period
3311.10

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Date of Disbursement

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

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-83617
Amount of Each Disbursement this Period
1727.70

Candidate Name

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

Memo Item

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

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

9266.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-83619
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-83621
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
State Payroll Withholding

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-83627
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-83629
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-83631
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2018

Mailing Address PO Box 930208

FEC Identification Number

C []

Transaction ID : SB21B-83633
Amount of Each Disbursement this Period

[] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

[] 177.21

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C	
---	--

Transaction ID : SB21B-83635
Amount of Each Disbursement this Period

	59.07
--	-------

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C	
---	--

Transaction ID : SB21B-83637
Amount of Each Disbursement this Period

	59.07
--	-------

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--	--

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

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

118.14

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

89426.18
