

# 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**  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00660233** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2019 through  /  /  2019

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

Signature of Treasurer **PIARO, ROBERT, , ,** [Electronically Filed] Date  /  /  2020

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

**AMERICANS FOR THE CURE OF BREAST CANCER**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="84502.80"/>	<input type="text" value="84502.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47770.93"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="346675.12"/>	<input type="text" value="674061.32"/>
(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="394446.05"/>	<input type="text" value="758564.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="352280.53"/>	<input type="text" value="716398.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42165.52"/>	<input type="text" value="42165.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICANS FOR THE CURE OF BREAST CANCER**

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).....	12840.00	23030.00
(ii) Unitemized .....	333835.12	651031.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	346675.12	674061.32
(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) .....	346675.12	674061.32
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)).....▶	346675.12	674061.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	346675.12	674061.32

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	350860.53	714978.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	350860.53	714978.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1420.00	1420.00
(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)).....	1420.00	1420.00
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)) ..	352280.53	716398.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	352280.53	716398.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	346675.12	674061.32
34. Total Contribution Refunds (from Line 28(d)) .....	1420.00	1420.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	345255.12	672641.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	350860.53	714978.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	350860.53	714978.60

**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 102
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. ARMSTRONG, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 CHARLANA DR  
 City DURHAM State NC Zip Code 27712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 13 / 2019  
**Transaction ID : SA11AI-17331517**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ARMSTRONG, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 CHARLANA DR  
 City DURHAM State NC Zip Code 27712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 30 / 2019  
**Transaction ID : SA11AI-17331528**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. AZINGER, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 RABBIT RUN  
 City EASTHAM State MA Zip Code 02642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHUBB Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 07 / 05 / 2019  
**Transaction ID : SA11AI-17326069**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 102
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. BAILEY, SHELLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 W BRADFORD PL  
 City MADISON State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2019  
**Transaction ID : SA11AI-17335831**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. BORELLI, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15729 MIDWAY RD  
 City LOS BANOS State CA Zip Code 93635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 09 / 2019  
**Transaction ID : SA11AI-17330595**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BORELLI, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15729 MIDWAY RD  
 City LOS BANOS State CA Zip Code 93635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 11 / 2019  
**Transaction ID : SA11AI-17330596**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. BRADSHAW, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1909 S SHADY HILL LN  
 City SPRINGFIELD State MO Zip Code 65809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 07 / 2019**  
**Transaction ID : SA11AI-17330324**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. BROOKS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25730 LAKELAND BLVD  
 City EUCLID State OH Zip Code 44132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) CAREGIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 03 / 2019**  
**Transaction ID : SA11AI-17327989**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. BROOKS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25730 LAKELAND BLVD  
 City EUCLID State OH Zip Code 44132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARLAND Occupation (for Individual) DAY CARE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 16 / 2019**  
**Transaction ID : SA11AI-17327993**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. CARTER, RUBY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 SISSON AVE  
 APT A12  
 City HARTFORD State CT Zip Code 06105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 03 / 2019  
**Transaction ID : SA11AI-17335369**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. CHAMBERLAIN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 BRADBURY CIR  
 City JORDAN State MN Zip Code 55352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PASTOR Occupation (for Individual) PASTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 23 / 2019  
**Transaction ID : SA11AI-17333609**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. CHERKAS, TATIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 623 BISCAYNE DR  
 City SAN RAFAEL State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRID Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2019  
**Transaction ID : SA11AI-17336270**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 102
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. CHIRINO, LUCIANO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 BUCKINGHAM AVE  
 City SAN DIMAS State CA Zip Code 91773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 12 / 2019  
**Transaction ID : SA11AI-17332610**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. CHRISTENSEN, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 98  
 City COLLBRAN State CO Zip Code 81624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IN HARBOR BELT Occupation (for Individual) RAIL ROAD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 07 / 16 / 2019  
**Transaction ID : SA11AI-17330531**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**C. CLARK, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 97 WATSON BLVD  
 City PITTSBURGH State PA Zip Code 15214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WORKS UNDER SOMEONE ELSE Occupation (for Individual) CONSTRUCTION LABOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2019  
**Transaction ID : SA11AI-17329525**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.00
<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 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. COLE, PHYLLIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 BALDPATE RD  
 City BLOOMINGDALE State GA Zip Code 31302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 25 / 2019  
**Transaction ID : SA11AI-17334526**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. GAMBERELL, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12734 E DICKENSON AVE  
 City AURORA State CO Zip Code 80014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 03 / 2019  
**Transaction ID : SA11AI-17326243**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**C. GOLDEN, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 PLUSH MILL RD  
 City WALLINGFORD State PA Zip Code 19086  
 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 09 / 13 / 2019  
**Transaction ID : SA11AI-17331570**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.00
<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 12 OF 102  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. GOLDEN, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 PLUSH MILL RD  
 City WALLINGFORD   State PA   Zip Code 19086  
 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 11 / 11 / 2019  
**Transaction ID : SA11AI-17331601**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**B. GRAF, FRANCIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5816 ASHCROFT AVE  
 City MINNEAPOLIS   State MN   Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts   Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 17 / 2019  
**Transaction ID : SA11AI-17329278**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. GRAF, FRANCIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5816 ASHCROFT AVE  
 City MINNEAPOLIS   State MN   Zip Code 55424  
 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 11 / 08 / 2019  
**Transaction ID : SA11AI-17329284**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00  
**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 13 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. GUNN, BEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1695 WADSWORTH BLVD  
 City LAKEWOOD State CO Zip Code 80214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BELTHENWOOD INC Occupation (for Individual) ASSISTANT ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2019  
**Transaction ID : SA11AI-17326552**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. HANSEN, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7282 FM 521  
 City PALACIOS State TX Zip Code 77465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WARREN PUBLIC SCHOOL Occupation (for Individual) TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 04 / 2019  
**Transaction ID : SA11AI-17334236**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. HENDERSON, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 811 ELLIOTT AVE  
 City SAINT LOUIS State MO Zip Code 63135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2019  
**Transaction ID : SA11AI-17332794**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 102
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. HONEA, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 ARTHUR LN  
 City HENDERSONVILLE State NC Zip Code 28791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 23 / 2019  
**Transaction ID : SA11AI-17328979**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. HORNER, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 91  
 City MOUNT WOLF State PA Zip Code 17347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISTRICT GOVT Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 15 / 2019  
**Transaction ID : SA11AI-17332222**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. HULETT, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23861 STATE HIGHWAY 49  
 City JEFFERSON State TX Zip Code 75657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILDONS SCHOOL Occupation (for Individual) ELEMENTARY CUSTODIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI-17328308**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<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 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. JACKSON, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 347 HARDSCRABBLE RD  
 City POLAND State ME Zip Code 04274  
 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 08 / 28 / 2019  
**Transaction ID : SA11AI-17334192**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. JACKSON, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 347 HARDSCRABBLE RD  
 City POLAND State ME Zip Code 04274  
 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 11 / 11 / 2019  
**Transaction ID : SA11AI-17334253**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**C. JENKINS, AARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 E ST SE  
 City AUBURN State WA Zip Code 98002  
 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 07 / 02 / 2019  
**Transaction ID : SA11AI-17325804**  
 Amount of Each Receipt this Period 160.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 16 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. JENKINS, AARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 E ST SE  
 City AUBURN State WA Zip Code 98002  
 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 11 / 14 / 2019  
**Transaction ID : SA11AI-17325810**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. KHIEL, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12513 WHITE DR  
 City SILVER SPRING State MD Zip Code 20904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2019  
**Transaction ID : SA11AI-17332925**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. KHIEL, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12513 WHITE DR  
 City SILVER SPRING State MD Zip Code 20904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2019  
**Transaction ID : SA11AI-17332926**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 17 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. KJELLBERG, MELANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2030 SELBY AVE  
 City SAINT PAUL State MN Zip Code 55104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Best Efforts PHARMACY TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 05 / 2019  
**Transaction ID : SA11AI-17333465**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. KLINE, MITCHELL, , ,**  
 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) Occupation (for Individual)  
 PARKVIEW HOSPITAL Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 12 / 2019  
**Transaction ID : SA11AI-17333738**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. KLINE, MITCHELL, , ,**  
 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) Occupation (for Individual)  
 PARKWAY ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 07 / 2019  
**Transaction ID : SA11AI-17333739**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 255.00  
**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 18 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. KOHR, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11AI-17327480**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. KOHR, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 09 / 2019  
**Transaction ID : SA11AI-17327484**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. KOHR, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 FAIRWOOD FOREST DR  
 City CLEARWATER State FL Zip Code 33759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 04 / 2019  
**Transaction ID : SA11AI-17327490**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 19 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. LEWIS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9134 FOREST HILLS BLVD  
 City DALLAS State TX Zip Code 75218  
 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 ▼ 205.00

Date of Receipt 10 / 15 / 2019  
**Transaction ID : SA11AI-17331026**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. LEWIS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9134 FOREST HILLS BLVD  
 City DALLAS State TX Zip Code 75218  
 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 ▼ 205.00

Date of Receipt 11 / 09 / 2019  
**Transaction ID : SA11AI-17331093**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. MARTIN, GARY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1698 S STATE HIGHWAY K  
 City BOIS D ARC State MO Zip Code 65612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI-17329477**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 405.00  
**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 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. MEDOFF, YVONNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27176 CEDAR RIDGE PL  
 City VALENCIA State CA Zip Code 91381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **12 / 09 / 2019**  
**Transaction ID : SA11AI-17337105**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. MILLER, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1137 E 2100TH RD  
 City EUDORA State KS Zip Code 66025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **07 / 15 / 2019**  
**Transaction ID : SA11AI-17330889**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MILLER, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1137 E 2100TH RD  
 City EUDORA State KS Zip Code 66025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **08 / 05 / 2019**  
**Transaction ID : SA11AI-17330890**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<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 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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

Mailing Address 1137 E 2100TH RD

City EUDORA	State KS	Zip Code 66025
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2019

**Transaction ID : SA11AI-17330898**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 1137 E 2100TH RD

City EUDORA	State KS	Zip Code 66025
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2019

**Transaction ID : SA11AI-17330901**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 1137 E 2100TH RD

City EUDORA	State KS	Zip Code 66025
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2019

**Transaction ID : SA11AI-17330904**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<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 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2019  
**Transaction ID : SA11AI-17327234**  
 Amount of Each Receipt this Period 160.00  
 Memo Item

**B. OCONNOR, ALICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 LAKE ST E APT 411S  
 City WAYZATA State MN Zip Code 55391  
 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 08 / 01 / 2019  
**Transaction ID : SA11AI-17325933**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. OCONNOR, ALICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 LAKE ST E APT 411  
 City WAYZATA State MN Zip Code 55391  
 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 12 / 17 / 2019  
**Transaction ID : SA11AI-17325955**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<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 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. PAULEY, LIZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 SPEIR PL  
 City SELMA State AL Zip Code 36701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 03 / 2019**  
**Transaction ID : SA11AI-17332463**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. PAULEY, LIZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 SPEIR PL  
 City SELMA State AL Zip Code 36701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 12 / 2019**  
**Transaction ID : SA11AI-17332465**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. PAULEY, LIZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 SPEIR PL  
 City SELMA State AL Zip Code 36701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **11 / 07 / 2019**  
**Transaction ID : SA11AI-17332466**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. PREINER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15373 FLIGHT PATH DR  
 City BROOKSVILLE State FL Zip Code 34604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2019  
**Transaction ID : SA11AI-17330240**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. RICHTER, MARCIA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 759 WELSH RD APT 4  
 City HUNTINGDON VALLEY State PA Zip Code 19006  
 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 08 / 02 / 2019  
**Transaction ID : SA11AI-17332774**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. RIDGWAY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 E 4TH ST  
 City LAUREL State MT Zip Code 59044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 08 / 05 / 2019  
**Transaction ID : SA11AI-17327973**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 25 OF 102  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. RIDGWAY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 E 4TH ST  
 City LAUREL State MT Zip Code 59044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2019  
**Transaction ID : SA11AI-17328000**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ROBERTS, VANCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1395 ROSS LN  
 City BOYD State TX Zip Code 76023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2019  
**Transaction ID : SA11AI-17336626**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. ROBERTS, VANCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1395 ROSS LN  
 City BOYD State TX Zip Code 76023  
 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 / 08 / 2019  
**Transaction ID : SA11AI-17336627**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 26 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. RUFFNER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2254 WOODVALE AVE  
 City READING State PA Zip Code 19606  
 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 08 / 26 / 2019  
**Transaction ID : SA11AI-17333025**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. RUFFNER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2254 WOODVALE AVE  
 City READING State PA Zip Code 19606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2019  
**Transaction ID : SA11AI-17333032**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. RUFFNER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2254 WOODVALE AVE  
 City READING State PA Zip Code 19606  
 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 / 28 / 2019  
**Transaction ID : SA11AI-17333045**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 102
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. RUSS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 322 N 22ND AVE E  
 City DULUTH State MN Zip Code 55812  
 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 ▼ 290.00

Date of Receipt **11 / 07 / 2019**  
**Transaction ID : SA11AI-17326458**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. SCOTT, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11222 MOSS DR  
 City CARMEL State IN Zip Code 46033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **08 / 02 / 2019**  
**Transaction ID : SA11AI-17327273**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. SCOTT, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11222 MOSS DR  
 City CARMEL State IN Zip Code 46033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **11 / 22 / 2019**  
**Transaction ID : SA11AI-17327327**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. SEGERSON, STEPHEN JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 WHITE BIRCH RD  
 City REDDING State CT Zip Code 06896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AGSTEN CONSTRUCTION Occupation (for Individual) BUILDING CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 13 / 2019**  
**Transaction ID : SA11AI-17336035**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. SEGERSON, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 WHITE BIRCH RD  
 City REDDING State CT Zip Code 06896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUILTRITE HANDLERS Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **11 / 12 / 2019**  
**Transaction ID : SA11AI-17336028**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. SEGERSON, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 WHITE BIRCH RD  
 City REDDING State CT Zip Code 06896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUILDING COMPANY Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **12 / 02 / 2019**  
**Transaction ID : SA11AI-17336032**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	465.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. SEGERSON, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 WHITE BIRCH RD  
 City REDDING State CT Zip Code 06896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BUILDING COMPANY Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 12 / 16 / 2019  
**Transaction ID : SA11AI-17336033**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. SHAFER, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 ARCHER AVE  
 City SPRINGFIELD State IL Zip Code 62704  
 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 / 09 / 2019  
**Transaction ID : SA11AI-17331574**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. SHAFER, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 ARCHER AVE  
 City SPRINGFIELD State IL Zip Code 62704  
 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 12 / 03 / 2019  
**Transaction ID : SA11AI-17331611**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<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 30 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. SHREVE, JANELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1313 JADE LN  
 City LONGMONT State CO Zip Code 80504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 01 / 2019  
**Transaction ID : SA11AI-17330331**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. SHREVE, JANELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1313 JADE LN  
 City LONGMONT State CO Zip Code 80504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 08 / 2019  
**Transaction ID : SA11AI-17330332**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. SHREVE, JANELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1313 JADE LN  
 City LONGMONT State CO Zip Code 80504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 25 / 2019  
**Transaction ID : SA11AI-17330333**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. STARKEY, JOSHUA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2119 JASON DR  
 City LEBANON State IN Zip Code 46052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI-17331316**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. TYGER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 N BAYSHORE DR  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 19 / 2019  
**Transaction ID : SA11AI-17334939**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. UDELHOFEN, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 7TH AVE NE  
 City PERHAM State MN Zip Code 56573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 22 / 2019  
**Transaction ID : SA11AI-17334171**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<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 32 OF 102
	(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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. UDELHOFEN, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 7TH AVE NE  
 City PERHAM State MN Zip Code 56573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 14 / 2019  
**Transaction ID : SA11AI-17334205**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 19 / 2019  
**Transaction ID : SA11AI-17327843**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. 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) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 14 / 2019  
**Transaction ID : SA11AI-17327867**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. WALLER, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1585 WESLEY PKWY NW  
 City ATLANTA State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CSI TRANSPORTATION Occupation (for Individual) CONDUCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **07 / 17 / 2019**  
**Transaction ID : SA11AI-17331702**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. WALLER, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1585 WESLEY PKWY NW  
 City ATLANTA State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **10 / 28 / 2019**  
**Transaction ID : SA11AI-17331723**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. WALLER, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1585 WESLEY PKWY NW  
 City ATLANTA State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BISHOP Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **10 / 28 / 2019**  
**Transaction ID : SA11AI-17331726**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. WARREN, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6348 WALNUT HILL CT  
 City FRISCO State TX Zip Code 75036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2019  
**Transaction ID : SA11AI-17335612**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. WIESE, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 637  
 City GRAND COULEE State WA Zip Code 99133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2019  
**Transaction ID : SA11AI-17332410**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. WIESE, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 637  
 City GRAND COULEE State WA Zip Code 99133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2019  
**Transaction ID : SA11AI-17332412**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 102
	<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. WIESE, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 637  
 City GRAND COULEE State WA Zip Code 99133  
 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 / 28 / 2019  
**Transaction ID : SA11AI-17332435**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. WILLETT, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3557 KINGS MILL RD  
 City NORTH BRANCH State MI Zip Code 48461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2019  
**Transaction ID : SA11AI-17328495**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. WILSON, ALLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6522 PREAKNESS PASS  
 City BULVERDE State TX Zip Code 78163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USDA Occupation (for Individual) PROGRAM TECH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 08 / 07 / 2019  
**Transaction ID : SA11AI-17325976**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.00
<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 36 OF 102  
(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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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

Mailing Address 6522 PREAKNESS PASS

City BULVERDE	State TX	Zip Code 78163
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2019

**Transaction ID : SA11AI-17325980**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 630 5TH ST

City BELVIDERE	State NJ	Zip Code 07823
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2019

**Transaction ID : SA11AI-17332972**

Amount of Each Receipt this Period  
80.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12840.00

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31719</b> Amount of Each Disbursement this Period [REDACTED] 254.77	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31719</b> Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2019	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31719</b> Amount of Each Disbursement this Period [REDACTED] 254.76	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 764.29
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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

Full Name (Last, First, Middle Initial)

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31719

Amount of Each Disbursement this Period: 254.76

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: 07 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31720

Amount of Each Disbursement this Period: 761.25

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: 07 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31721

Amount of Each Disbursement this Period: 761.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1777.25

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2019
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31720</b> Amount of Each Disbursement this Period [REDACTED] 761.24
City Fredonia	State WI	Zip Code 53021
Purpose of Disbursement payroll		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2019
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31720</b> Amount of Each Disbursement this Period [REDACTED] 761.24
City Fredonia	State WI	Zip Code 53021
Purpose of Disbursement payroll		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31720</b> Amount of Each Disbursement this Period [REDACTED] 237.15
City Random Lake	State WI	Zip Code 53075
Purpose of Disbursement payroll		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1759.63
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C <b>Transaction ID : SB21B-31720</b> Amount of Each Disbursement this Period 237.14
City Random Lake	State WI	
Purpose of Disbursement payroll	Zip Code 53075	Memo Item <input type="checkbox"/>
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C <b>Transaction ID : SB21B-31720</b> Amount of Each Disbursement this Period 237.14
City Random Lake	State WI	
Purpose of Disbursement payroll	Zip Code 53075	Memo Item <input type="checkbox"/>
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stetler, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2019
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C <b>Transaction ID : SB21B-31720</b> Amount of Each Disbursement this Period 237.14
City Random Lake	State WI	
Purpose of Disbursement payroll	Zip Code 53075	Memo Item <input type="checkbox"/>
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) ▼	
State: District:		

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

711.42

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 07 / 17 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31721</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 1247.95	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 07 / 24 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31721</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 6328.00	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 07 / 31 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31721</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 3613.76	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

11189.71

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 07 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31721</b> Amount of Each Disbursement this Period 3839.20	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		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:				

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 14 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31721</b> Amount of Each Disbursement this Period 4460.80	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		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:				

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 21 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31721</b> Amount of Each Disbursement this Period 3396.48	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11696.48
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 28 / 2019		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>		
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 4074.72		
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 09 / 04 / 2019		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>		
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 3013.28		
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 09 / 11 / 2019		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>		
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 453.60		
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

7541.60

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 09 / 18 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 3261.92	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 02 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 1136.16	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 09 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 1612.00	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

6010.08

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 16 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 4036.48	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 23 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 1604.32	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 30 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 13895.04	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

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

[REDACTED] 19535.84
[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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 06 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31722</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 4896.32	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 13 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31723</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 11923.68	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 20 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-3172:</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 9329.76	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26149.76
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 27 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31723</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 7028.80	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 03 / 2019		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31723</b>		
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 4632.80		
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 11 / 2019		
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31723</b>		
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 1900.32		
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13561.92
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 18 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31723</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 1702.88	
Purpose of Disbursement Software/Software Licensing Payment		Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 24 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31723</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 1272.16	
Purpose of Disbursement Software/Software Licensing Payment		Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Technology LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 31 / 2019	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31723</b>	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 963.36	
Purpose of Disbursement Software/Software Licensing Payment		Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

3938.40

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>			Date of Disbursement MM / DD / YYYY 07 / 02 / 2019	
Mailing Address PO Box 899			FEC Identification Number C [ ] <b>Transaction ID : SB21B-31723</b>	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [ ] 68.97	
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>			Date of Disbursement MM / DD / YYYY 08 / 02 / 2019	
Mailing Address PO Box 899			FEC Identification Number C [ ] <b>Transaction ID : SB21B-31723</b>	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [ ] 97.60	
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>			Date of Disbursement MM / DD / YYYY 09 / 04 / 2019	
Mailing Address PO Box 899			FEC Identification Number C [ ] <b>Transaction ID : SB21B-31723</b>	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [ ] 71.70	
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 238.27
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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
10			02			2019			

FEC Identification Number

C

Transaction ID : SB21B-31724

Amount of Each Disbursement this Period

37.82

Memo Item

Full Name (Last, First, Middle Initial)

### B. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2019			

FEC Identification Number

C

Transaction ID : SB21B-31724

Amount of Each Disbursement this Period

54.41

Memo Item

Full Name (Last, First, Middle Initial)

### C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2019			

FEC Identification Number

C

Transaction ID : SB21B-31724

Amount of Each Disbursement this Period

235.64

Memo Item

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

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

327.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Blankrome</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2019	
Mailing Address 1 Logan Square		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31724</b> Amount of Each Disbursement this Period 5598.00	
City Philadelphia	State PA	Zip Code 19103-6998	Category/ Type 001
Purpose of Disbursement Legal		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Blankrome</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2019	
Mailing Address 1 Logan Square		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31724</b> Amount of Each Disbursement this Period 20817.00	
City Philadelphia	State PA	Zip Code 19103-6998	Category/ Type 001
Purpose of Disbursement Legal		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Blankrome</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2019	
Mailing Address 1 Logan Square		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31724</b> Amount of Each Disbursement this Period 10149.00	
City Philadelphia	State PA	Zip Code 19103-6998	Category/ Type 001
Purpose of Disbursement Legal		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	36564.00
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 N Jefferson St  
#454

M M M	/	D D D	/	Y Y Y Y Y
07		17		2019

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

C
001
Category/ Type

C
Transaction ID : SB21B-31724
Amount of Each Disbursement this Period
2607.56

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

**B. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 N Jefferson St  
#454

M M M	/	D D D	/	Y Y Y Y Y
07		24		2019

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

C
001
Category/ Type

C
Transaction ID : SB21B-31724
Amount of Each Disbursement this Period
8981.58

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

**C. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 N Jefferson St  
#454

M M M	/	D D D	/	Y Y Y Y Y
07		31		2019

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement  
Credit Card Pmt Processing/ Verifications

C
001
Category/ Type

C
Transaction ID : SB21B-31724
Amount of Each Disbursement this Period
5129.28

Candidate Name

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

Memo Item

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

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

16718.42
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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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Amount of Each Disbursement this Period 5449.04
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Amount of Each Disbursement this Period 6331.55
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Amount of Each Disbursement this Period 4820.88
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16601.47
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 5783.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 4276.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 643.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

10704.36

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 4629.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 537.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1612.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

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

[REDACTED] 6780.06
[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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 09 / 2019	
Mailing Address 1345 N Jefferson St #454			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31725</b>	
City Milwaukee	State WI	Zip Code 53202	Amount of Each Disbursement this Period 2288.03	
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 16 / 2019	
Mailing Address 1345 N Jefferson St #454			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>	
City Milwaukee	State WI	Zip Code 53202	Amount of Each Disbursement this Period 5729.28	
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 23 / 2019	
Mailing Address 1345 N Jefferson St #454			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>	
City Milwaukee	State WI	Zip Code 53202	Amount of Each Disbursement this Period 2277.13	
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10294.44
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Amount of Each Disbursement this Period 19722.05
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Amount of Each Disbursement this Period 6949.71
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Amount of Each Disbursement this Period 16923.95
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	43595.71
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b> Amount of Each Disbursement this Period [REDACTED] 10242.20	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Pmt Processing/ Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b> Amount of Each Disbursement this Period [REDACTED] 9976.50	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Pmt Processing/ Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b> Amount of Each Disbursement this Period [REDACTED] 6575.68	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Credit Card Pmt Processing/ Verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 26794.38	
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 2697.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 2417.03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 24 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31726</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 1805.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6920.19
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Pmt Processing/ Verifications		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1367.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ComputerWild Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2019
Mailing Address 1430 W Toni Rae Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Spokane	State WA	Zip Code 99218
Purpose of Disbursement Computer (Equipment/Programming/Support)		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 105.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ComputerWild Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 1430 W Toni Rae Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Spokane	State WA	Zip Code 99218
Purpose of Disbursement Computer (Equipment/Programming/Support)		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 105.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1577.37
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Department of Workforce Development</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 6083 N Teutonia Ave PO Box 09999		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Milwaukee	State WI	Zip Code 53209-0999
Purpose of Disbursement State Unemployment		Amount of Each Disbursement this Period [REDACTED] 228.75
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Department of Workforce Development</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 6083 N Teutonia Ave PO Box 09999		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Milwaukee	State WI	Zip Code 53209-0999
Purpose of Disbursement State Unemployment		Amount of Each Disbursement this Period [REDACTED] 70.38
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period [REDACTED] 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 350.74
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 51.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 51.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31727</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 408.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	511.52
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31728</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31728</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31728</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period 374.40
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

477.62

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31728</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period 464.20
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31728</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period 475.80
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EWH Small Business Accounting S.C.</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2019
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31728</b>
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting		Amount of Each Disbursement this Period 619.30
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) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1559.30
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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

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-31728**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Federal Election Commission Finance Office**

Mailing Address 1050 First Street NE

City Washington State DC Zip Code 20463

Purpose of Disbursement  
Fine

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-31728**  
Amount of Each Disbursement this Period

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

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-31728**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31729</b> Amount of Each Disbursement this Period [REDACTED] 580.45	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31729</b> Amount of Each Disbursement this Period [REDACTED] 580.45	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2019	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31729</b> Amount of Each Disbursement this Period [REDACTED] 580.45	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1741.35
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31729**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31729**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31729**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31729**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31729**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31730**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31730**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31730**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31730**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31730**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31730**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-31730  
Amount of Each Disbursement this Period  
20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-31730  
Amount of Each Disbursement this Period  
20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-31730  
Amount of Each Disbursement this Period  
35.00

Memo Item

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

75.00

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
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Candidate Name

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State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31732**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31733**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31732**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31732**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31732**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31732**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31732**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31732**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2019			

FEC Identification Number

C

Transaction ID : SB21B-31732

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2019			

FEC Identification Number

C

Transaction ID : SB21B-31732

Amount of Each Disbursement this Period

0.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2019			

FEC Identification Number

C

Transaction ID : SB21B-31732

Amount of Each Disbursement this Period

55.00

Memo Item

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

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

95.12

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

### A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31733
Amount of Each Disbursement this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31733
Amount of Each Disbursement this Period
15.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31733
Amount of Each Disbursement this Period
10.00

Memo Item

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

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

45.00

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31733**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31733**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement  
Credit Card 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-31733**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31733**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31733**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31733**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31733**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31734**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 08 / 2019

FEC Identification Number

C

Transaction ID : SB21B-31734

Amount of Each Disbursement this Period

0.04

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 19 / 2019

FEC Identification Number

C

Transaction ID : SB21B-31734

Amount of Each Disbursement this Period

20.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 20 / 2019

FEC Identification Number

C

Transaction ID : SB21B-31734

Amount of Each Disbursement this Period

35.00

Memo Item

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

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

55.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Interest

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-31720  
Amount of Each Disbursement this Period  
2.17  
(Credit Card Purchase)

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Late fee

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-31720  
Amount of Each Disbursement this Period  
29.00  
(Credit Card Purchase)

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2019

FEC Identification Number

C  
Transaction ID : SB21B-3173!  
Amount of Each Disbursement this Period  
895.06

Memo Item

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

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

895.06



**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31735**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

### A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2019

FEC Identification Number

C
Transaction ID : SB21B-31736
Amount of Each Disbursement this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2019

FEC Identification Number

C
Transaction ID : SB21B-31736
Amount of Each Disbursement this Period
30.02

Memo Item

Full Name (Last, First, Middle Initial)

### C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2019

FEC Identification Number

C
Transaction ID : SB21B-31736
Amount of Each Disbursement this Period
30.00

Memo Item

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

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

95.02

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285

Purpose of Disbursement  
Credit Card Payment

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31729**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31736**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31736**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2019			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-31736**  
Amount of Each Disbursement this Period  
[ ] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2019			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-31736**  
Amount of Each Disbursement this Period  
[ ] 25.02

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2019			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-31736**  
Amount of Each Disbursement this Period  
[ ] 25.00

Memo Item

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

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

70.02
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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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-31736**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Late 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-31721**  
Amount of Each Disbursement this Period  
  
(Credit Card Purchase)

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Interest

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-31721**  
Amount of Each Disbursement this Period  
  
(Credit Card Purchase)

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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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
07		24		2019

Mailing Address 1350 W Southport Rd

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-31737**  
Amount of Each Disbursement this Period

[REDACTED] 3061.50

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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
07		31		2019

Mailing Address 1350 W Southport Rd

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-31737**  
Amount of Each Disbursement this Period

[REDACTED] 1747.20

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2019

Mailing Address 1350 W Southport Rd

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-31737**  
Amount of Each Disbursement this Period

[REDACTED] 1856.40

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

[REDACTED] 6665.10

[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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31737</b> Amount of Each Disbursement this Period [REDACTED] 2156.70	
City Indianapolis	State IN	Zip Code 46217	Category/ Type 003
Purpose of Disbursement Caging and Escrow		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31737</b> Amount of Each Disbursement this Period [REDACTED] 1641.90	
City Indianapolis	State IN	Zip Code 46217	Category/ Type 003
Purpose of Disbursement Caging and Escrow		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31737</b> Amount of Each Disbursement this Period [REDACTED] 1969.50	
City Indianapolis	State IN	Zip Code 46217	Category/ Type 003
Purpose of Disbursement Caging and Escrow		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

[REDACTED] 5768.10

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31737</b> Amount of Each Disbursement this Period [REDACTED] 1458.60	
City Indianapolis	State IN	Zip Code 46217	Category/ Type 003
Purpose of Disbursement Caging and Escrow			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31737</b> Amount of Each Disbursement this Period [REDACTED] 218.40	
City Indianapolis	State IN	Zip Code 46217	Category/ Type 003
Purpose of Disbursement Caging and Escrow			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31737</b> Amount of Each Disbursement this Period [REDACTED] 1575.60	
City Indianapolis	State IN	Zip Code 46217	Category/ Type 003
Purpose of Disbursement Caging and Escrow			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

[REDACTED] 3252.60
[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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31738

Amount of Each Disbursement this Period: 549.90

Memo Item

**B. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31738

Amount of Each Disbursement this Period: 780.00

Memo Item

**C. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31738

Amount of Each Disbursement this Period: 1953.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3283.80

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2019
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31738</b> Amount of Each Disbursement this Period [REDACTED] 776.10
City Indianapolis	State IN	Zip Code 46217
Purpose of Disbursement Caging and Escrow		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2019
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31738</b> Amount of Each Disbursement this Period [REDACTED] 6723.60
City Indianapolis	State IN	Zip Code 46217
Purpose of Disbursement Caging and Escrow		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2019
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31738</b> Amount of Each Disbursement this Period [REDACTED] 2367.30
City Indianapolis	State IN	Zip Code 46217
Purpose of Disbursement Caging and Escrow		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 9867.00
<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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

### A. Unified Data Services LLC

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2019

FEC Identification Number

C [ ]

**Transaction ID : SB21B-31738**

Amount of Each Disbursement this Period

[ ] 5768.10

Memo Item

Full Name (Last, First, Middle Initial)

### B. Unified Data Services LLC

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2019

FEC Identification Number

C [ ]

**Transaction ID : SB21B-31738**

Amount of Each Disbursement this Period

[ ] 4512.30

Memo Item

Full Name (Last, First, Middle Initial)

### C. Unified Data Services LLC

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2019

FEC Identification Number

C [ ]

**Transaction ID : SB21B-31738**

Amount of Each Disbursement this Period

[ ] 3400.80

Memo Item

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

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

[ ] 13681.20
[ ]

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31738

Amount of Each Disbursement this Period: 2238.60

Memo Item

**B. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31739

Amount of Each Disbursement this Period: 916.50

Memo Item

**C. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31738

Amount of Each Disbursement this Period: 822.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3978.00

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial) <b>A. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 24 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31739</b>	
City Indianapolis	State IN	Zip Code 46217	Amount of Each Disbursement this Period 612.30
Purpose of Disbursement Caging and Escrow		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Unified Data Services LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019	
Mailing Address 1350 W Southport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31739</b>	
City Indianapolis	State IN	Zip Code 46217	Amount of Each Disbursement this Period 464.10
Purpose of Disbursement Caging and Escrow		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Department of Revenue</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019	
Mailing Address PO Box 930208		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-31739</b>	
City Milwaukee	State WI	Zip Code 53293	Amount of Each Disbursement this Period 81.34
Purpose of Disbursement State Payroll Withholding		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

1157.74

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-31739**  
Amount of Each Disbursement this Period

[ ] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-31739**  
Amount of Each Disbursement this Period

[ ] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2019

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-31739**  
Amount of Each Disbursement this Period

[ ] 81.34

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

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

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

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

[ ] 244.02

[ ] 350643.39