

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00622472 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 / / 2018 through / / 2018

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Association for Emergency Responders and Firefighters

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		4087.45
(b) Cash on Hand at Beginning of Reporting Period.....	4087.45	
(c) Total Receipts (from Line 19)	717719.06	717719.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	721806.51	721806.51
7. Total Disbursements (from Line 31).....	612461.27	612461.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	109345.24	109345.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Association for Emergency Responders and Firefighters

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21186.00	21186.00
(ii) Unitemized	696533.06	696533.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	717719.06	717719.06
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	717719.06	717719.06
12. Transfers From Affiliated/Other Party Committees.....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received.....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfers (add 18(a) and 18(b))..	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	717719.06	717719.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	717719.06	717719.06

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures	611966.27	611966.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	611966.27	611966.27
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	.00
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	495.00	495.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	495.00	495.00
29. Other Disbursements (Including Non-Federal Donations).....	.00	.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share.....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	612461.27	612461.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	612461.27	612461.27

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	717719.06	717719.06
34. Total Contribution Refunds (from Line 28(d))	495.00	495.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	717224.06	717224.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	611966.27	611966.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	611966.27	611966.27

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Arrow Manufacturing

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

Mailing Address 6577 Midland Ct

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11Ai-CN21

Amount of Each Receipt this Period
250.00

Memo Item

B. J J Boat Trailer Supply

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

Mailing Address 12007 Dixie Hwy

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

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

Name of Employer (for Individual) JJ BOAT TRAILER SUPPLY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt

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

Transaction ID : SA11Ai-CN90

Amount of Each Receipt this Period
301.00

Memo Item

C. Bivens, Kelly, , ,

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

Mailing Address 3115 Wesley Pl

City Colorado Springs	State CO	Zip Code 80917
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2018

Transaction ID : SA11Ai-CN16008

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	801.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bready, Cheryl, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Congdon St

City Providence	State RI	Zip Code 2906
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2018
Transaction ID : SA11Ai-CN17482

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 39128 Cobrums Wharf Rd

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2018
Transaction ID : SA11Ai-CN24717

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 3602 La Costa Rd

City Missouri City	State TX	Zip Code 77459
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2018
Transaction ID : SA11Ai-CN23510

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 8 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

B. Cashman, Jay/ Christy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Dartmouth St
 City Boston State MA Zip Code 2116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

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

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

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 132
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Course, Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 County Road 215
 City Walnut State MS Zip Code 38683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

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

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

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

C. Dominguez, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2637 Buffalo Hills Dr
 City Watford City State ND Zip Code 58854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 132
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Evans, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 781
 City Santa Ynez State CA Zip Code 93460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

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

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

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

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

Date of Receipt 02 / 06 / 2018
Transaction ID : SA11Ai-CN24599
 Amount of Each Receipt this Period 350.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Friedman, Phyllis K Z, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Reservoir Rd
 City Hillsborough State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

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

B. Frood, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 E 2nd Ave SE
 City Rome State GA Zip Code 30161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MECHANICAL AND CODING Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Grim, Jesse, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 N 6th St

City Emmaus	State PA	Zip Code 18049
----------------	-------------	-------------------

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

Name of Employer (for Individual) JG TOOL REPAIR	Occupation (for Individual) UNAVAILABLE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : SA11Ai-CN18538

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address PO Box 1011

City Vernal	State UT	Zip Code 84078
----------------	-------------	-------------------

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

Name of Employer (for Individual) JOHN HARLAN CONSTRUCTION	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11Ai-CN18010

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2720 Landers Ave

City Nashville	State TN	Zip Code 37211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11Ai-CN647

Amount of Each Receipt this Period
150.00

Memo Item

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 13 OF 132
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jackson, Doug, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3088 Lenox Rd NE Apt 323
 City Atlanta State GA Zip Code 30324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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

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

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

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

Date of Receipt 02 / 13 / 2018
Transaction ID : SA11Ai-CN24848
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kos, Sarah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16486 County Road 18

City Fort Lupton	State CO	Zip Code 80621
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Colorado Motor Carrier Association	Occupation (for Individual) Project Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2018

Transaction ID : SA11Ai-CN7567

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 331 Maine St

City Brunswick	State ME	Zip Code 4011
-------------------	-------------	------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2018

Transaction ID : SA11Ai-CN8413

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2501 Museum Way Apt 806

City Fort Worth	State TX	Zip Code 76107
--------------------	-------------	-------------------

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

Name of Employer (for Individual) 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
01		17		2018

Transaction ID : SA11Ai-CN23394

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 15 OF 132
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Lee, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14414 Blanco Rd Ste 300
 City San Antonio State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McDonald, Frances T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Locust Rd
 City Windham State NH Zip Code 3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rowell Hospital Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

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

B. Merkel, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Arrowgrass Dr
 City Houston State TX Zip Code 77064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Natural Gas Company Occupation (for Individual) Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

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

C. Montanbo, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 Fyffe Unitca
 City Denver State CO Zip Code 80219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

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

SUBTOTAL of Receipts This Page (optional).....	690.00
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 132
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

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

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

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 132
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Papin, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 Eden Dr
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

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

B. Parvin, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55201 Burel Road
 City Raleigh State NC Zip Code 27606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

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

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
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 19 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rechter, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2936 Bellflower Ln
 City Naples State FL Zip Code 34105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

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

B. Reid, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 Drayer Dr
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 REFUSED REFUSED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

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

C. Richards, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1398 W Nimisila Rd
 City Clinton State OH Zip Code 44216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 KLR CONSTRUCTION RETIRED CONSTRUCTION WORKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rodgers, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10625 Pond Meadow Dr
 City Oklahoma City State OK Zip Code 73151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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

B. Rosing, Wayne E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3463 State St Apt 255
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 21 OF 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Association for Emergency Responders and Firefighters

A. Russell, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 50187
 City Parks State AZ Zip Code 86018
 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 03 / 07 / 2018
Transaction ID : SA11Ai-CN18008
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Santamaria, Ileana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5611 Silverthorn Glen Dr
 City Spring State TX Zip Code 77379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

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

C. Saraceni, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10504 Meakin Dr
 City Raleigh State NC Zip Code 27614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

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

SUBTOTAL of Receipts This Page (optional).....	960.00
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 22 OF 132
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schultz, Ofelia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9730 Heritage Farm
 City San Antonio State TX Zip Code 78245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **240.00**

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

B. Sleming, Maudi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 26689
 City Fort Worth State TX Zip Code 76126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Cattle Ranch** Occupation (for Individual) **Self Employed**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1420.00
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 23 OF 132
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Smith, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Mustang Dr Ste 100
 City Grapevine State TX Zip Code 76051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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

B. Sterk, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 N 4th Ave
 City Sioux Falls State SD Zip Code 57104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 COMPONENT MFG VICE PRES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
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 24 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

B. Virant, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E 58th St
 City Savannah State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 09 / 2018
Transaction ID : SA11Ai-CN20032
 Amount of Each Receipt this Period 220.00
 Memo Item

C. Walls, Christy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9330 Fairway Trl
 City Grand Blanc State MI Zip Code 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 03 / 14 / 2018
Transaction ID : SA11Ai-CN21039
 Amount of Each Receipt this Period 515.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1235.00
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 25 OF 132
(check only one)

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

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

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

Mailing Address 20568 Chestnut Cir

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		26		2018

Transaction ID : SA11Ai-CN7347

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	21186.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
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-EX1
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Bankcard Fees

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-EX2
Amount of Each Disbursement this Period

Bankcard Fees
 Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
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-EX3
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX4
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
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-EX13
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
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-EX22
Amount of Each Disbursement this Period

Credit Card Payment
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX24
Amount of Each Disbursement this Period

Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
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-EX33
Amount of Each Disbursement this Period

Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Bank Fee

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-EX42
Amount of Each Disbursement this Period

Bank Fee

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Credit Card Payment

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX47
Amount of Each Disbursement this Period
 254.99

Memo Item
Credit Card Payment

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

FEC Identification Number

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

Memo Item
Credit Card Fee/Merchant Fee

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Bank Fee/Bank Charge

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21b-EX62
Amount of Each Disbursement this Period
 364.49

Memo Item
Bank Fee/Bank Charge

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

1252.40

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX63
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX64
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX65
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX77
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX78
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX83
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX88
 Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Credit Card Fee/Merchant Fee

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

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

 Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX98
 Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX10:
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX13:
Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement Bank Fee/Bank Change

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-EX11:
Amount of Each Disbursement this Period

Bank Fee/Bank Change
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX12
 Amount of Each Disbursement this Period

 Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX13
 Amount of Each Disbursement this Period

 Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX12
 Amount of Each Disbursement this Period

 Bank Fee/Bank Charge

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX12!
 Amount of Each Disbursement this Period

 Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX134
 Amount of Each Disbursement this Period

 Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement 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-EX14!
 Amount of Each Disbursement this Period

 Bank Fee/Bank Charge

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Category/
Type

Candidate Name

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

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

FEC Identification Number

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

Credit Card Fee/Merchant Fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Bank Fee/Bank Charge

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

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

Bank Fee/Bank Charge
 Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Credit Card Payment

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

Transaction ID : SB21b-EX17
Amount of Each Disbursement this Period

Credit Card Payment
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX17f
Amount of Each Disbursement this Period

Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

B. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

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

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
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-EX18:
Amount of Each Disbursement this Period

Credit Card Payment

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Pnc Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230

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-EX187
 Amount of Each Disbursement this Period

Bank Fee/Bank Charge
 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

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-EX5
 Amount of Each Disbursement this Period

 Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX6
 Amount of Each Disbursement this Period

 Credit Card Fee/Merchant Fee

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21b-EX69

Amount of Each Disbursement this Period

2	3	8	.	9	7
---	---	---	---	---	---

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21b-EX70

Amount of Each Disbursement this Period

1	0	1	.	4	0
---	---	---	---	---	---

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 899

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21b-EX12

Amount of Each Disbursement this Period

1	7	4	.	0	0
---	---	---	---	---	---

Credit Card Fee/Merchant Fee

Memo Item

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

5	1	4	.	3	7
---	---	---	---	---	---

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

5	1	4	.	3	7
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX13c

Amount of Each Disbursement this Period

95.80

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. TPF Inc.

Mailing Address 1835 E Charleston Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Fundraising

001

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX7

Amount of Each Disbursement this Period

32638.71

Fundraising

Memo Item

Full Name (Last, First, Middle Initial)

C. TPF Inc.

Mailing Address 1835 E Charleston Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Fundraising

001

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX18

Amount of Each Disbursement this Period

34147.88

Fundraising

Memo Item

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

66882.39

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. TPF Inc.

Mailing Address 1835 E Charleston
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Fundraising

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-EX30
Amount of Each Disbursement this Period

Fundraising
 Memo Item

Full Name (Last, First, Middle Initial)

B. TPF Inc.

Mailing Address 1835 E Charleston
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Fundraising

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-EX38
Amount of Each Disbursement this Period

Fundraising
 Memo Item

Full Name (Last, First, Middle Initial)

C. TPF Inc.

Mailing Address 1835 E Charleston
Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Fundraising

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-EX56
Amount of Each Disbursement this Period

Fundraising
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

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

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

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

579.50

Accounting Services

Memo Item

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

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2018

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21b-EX19
Amount of Each Disbursement this Period

134.71

Accounting Services

Memo Item

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

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2018

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

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

132.95

Accounting Services

Memo Item

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

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

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

847.16

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 01 / 24 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX39
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement aACCOUNTING sERVICES		Amount of Each Disbursement this Period [REDACTED] 133.96
Candidate Name		aACCOUNTING sERVICES
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX52
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period [REDACTED] 129.83
Candidate Name		Accounting Services
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX72
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period [REDACTED] 559.85
Candidate Name		Accounting Services
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 823.64
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX76
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 136.80
Candidate Name		Accounting Services
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX90
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 132.30
Candidate Name		Accounting Services
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX10:
City Waukesha	State WI	Zip Code 53186
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 133.05
Candidate Name		Accounting Services
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	402.15
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

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

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX11f
Amount of Each Disbursement this Period
133.05
Accounting Services

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX132
Amount of Each Disbursement this Period
470.00
Accounting Services

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

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

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX13i
Amount of Each Disbursement this Period
129.08
Accounting Services

Candidate Name

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

Memo Item

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

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

732.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

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

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX15c
Amount of Each Disbursement this Period
139.00

Candidate Name

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

Accounting Services
 Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Date of Disbursement

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

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX164
Amount of Each Disbursement this Period
132.30

Candidate Name

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

Accounting Services
 Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2018

Mailing Address 20670 Watertown Rd
Ste 1040

City Waukesha State WI Zip Code 53186

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21b-EX18i
Amount of Each Disbursement this Period
133.05

Candidate Name

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

Accounting Services
 Memo Item

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

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

404.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

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

Memo Item Credit Card Fee/Merchant Fee

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX17
Amount of Each Disbursement this Period

Memo Item Credit Card Fee/Merchant Fee

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX20
Amount of Each Disbursement this Period

Memo Item Credit Card Fee/Merchant Fee

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX28

Amount of Each Disbursement this Period

[REDACTED] 75.00

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX48

Amount of Each Disbursement this Period

[REDACTED] 20.00

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX59

Amount of Each Disbursement this Period

[REDACTED] 15.00

Credit Card Fee/Merchant Fee

Memo Item

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

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

[REDACTED] 110.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX73

Amount of Each Disbursement this Period

[REDACTED] 1928.45

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX79

Amount of Each Disbursement this Period

[REDACTED] 25.00

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX91

Amount of Each Disbursement this Period

[REDACTED] 20.00

Credit Card Fee/Merchant Fee

Memo Item

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

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

[REDACTED] 1973.45

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX112
Amount of Each Disbursement this Period
90.00
Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX117
Amount of Each Disbursement this Period
25.00
Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX13:
Amount of Each Disbursement this Period
50.00
Credit Card Fee/Merchant Fee

Memo Item

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

165.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
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 M / D D D / Y Y Y Y Y Y
03 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX13!
Amount of Each Disbursement this Period
 1648.68
Credit Card Fee/Merchant Fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
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 M / D D D / Y Y Y Y Y Y
03 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX136
Amount of Each Disbursement this Period
 75.00
Credit Card Fee/Merchant Fee
 Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
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 M / D D D / Y Y Y Y Y Y
03 / 12 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX14!
Amount of Each Disbursement this Period
 30.00
Credit Card Fee/Merchant Fee
 Memo Item

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

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

1753.68

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX14f

Amount of Each Disbursement this Period

[Redacted] 20.00

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX147

Amount of Each Disbursement this Period

[Redacted] 20.00

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX15

Amount of Each Disbursement this Period

[Redacted] 65.00

Credit Card Fee/Merchant Fee

Memo Item

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

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

[Redacted] 105.00

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Clearent LLC		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX16c
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period 50.00
Candidate Name		Credit Card Fee/Merchant Fee
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Clearent LLC		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX16c
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period 50.00
Candidate Name		Credit Card Fee/Merchant Fee
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Clearent LLC		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address 222 South Central Suite 700 Suite 700		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX16c
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period 60.00
Candidate Name		Credit Card Fee/Merchant Fee
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:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX17

Amount of Each Disbursement this Period

25.00

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Clearent LLC

Mailing Address 222 South Central Suite 700
Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX184

Amount of Each Disbursement this Period

15.00

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
campaign literature

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX23

Amount of Each Disbursement this Period

141.69

campaign literature

Memo Item

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

181.69

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
campaign literature

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-EX32
Amount of Each Disbursement this Period

campaign literature

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
campaign literature

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-EX41
Amount of Each Disbursement this Period

campaign literature

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Campaign literature

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-EX60
Amount of Each Disbursement this Period

Campaign literature

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Campaign Literature

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX81
Amount of Each Disbursement this Period

Campaign Literature

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Campaign Literature

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX96
Amount of Each Disbursement this Period

Campaign Literature

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Campaign Literature

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-EX101
Amount of Each Disbursement this Period

Campaign Literature

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

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-EX12c
 Amount of Each Disbursement this Period

 Campaign Literature

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

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-EX139
 Amount of Each Disbursement this Period

 Campaign Literature

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

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-EX15:
 Amount of Each Disbursement this Period

 Campaign Literature

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX16f
Amount of Each Disbursement this Period

[Redacted] 681.26

Credit Card Fee/Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Inc.

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
campaign literature

001

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX185
Amount of Each Disbursement this Period

[Redacted] 356.00

campaign literature

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement
Payroll withholding

001

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21b-EX43
Amount of Each Disbursement this Period

[Redacted] 55.38

Payroll withholding

Memo Item

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

[Redacted] 1092.64

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

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wisconsin Sctf		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address PO Box 74400		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX66
City Milwaukee	State WI	Zip Code 53274
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period 55.38
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) ▼	Credit Card Fee/Merchant Fee
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Wisconsin Sctf		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018
Mailing Address PO Box 74400		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX84
City Milwaukee	State WI	Zip Code 53274
Purpose of Disbursement Payroll withholding		Amount of Each Disbursement this Period 55.38
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) ▼	Payroll withholding
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Wisconsin Sctf		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address PO Box 74400		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX99
City Milwaukee	State WI	Zip Code 53274
Purpose of Disbursement Payroll withholding		Amount of Each Disbursement this Period 55.38
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) ▼	Payroll withholding
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	166.14
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX10

Amount of Each Disbursement this Period

[REDACTED] 55.38

payroll withholding

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

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
03 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX126

Amount of Each Disbursement this Period

[REDACTED] 55.38

Bank Fee/Bank Charge

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX14

Amount of Each Disbursement this Period

[REDACTED] 105.00

payroll withholding

Memo Item

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

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

[REDACTED] 215.76

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX15

Amount of Each Disbursement this Period

[REDACTED] 105.00

payroll withholding

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX169

Amount of Each Disbursement this Period

[REDACTED] 105.00

payroll withholding

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Sctf

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement Credit Card Fee/Merchant Fee

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX18

Amount of Each Disbursement this Period

[REDACTED] 105.00

Credit Card Fee/Merchant Fee

Memo Item

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

[REDACTED] 315.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED]	
City Cincinnati	State OH	Zip Code 45280	Transaction ID : SB21b-EX15
Purpose of Disbursement Federal Payroll Withholding		Category/Type 001	Amount of Each Disbursement this Period 1583.10
Candidate Name		Federal Payroll Withholding	
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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 01 / 12 / 2018	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED]	
City Cincinnati	State OH	Zip Code 45280	Transaction ID : SB21b-EX26
Purpose of Disbursement Federal Payroll Withholding		Category/Type 001	Amount of Each Disbursement this Period 1801.05
Candidate Name		Federal Payroll Withholding	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018	
Mailing Address PO Box 804522		FEC Identification Number C [REDACTED]	
City Cincinnati	State OH	Zip Code 45280	Transaction ID : SB21b-EX35
Purpose of Disbursement Federal Payroll Withholding		Category/Type 001	Amount of Each Disbursement this Period 2146.60
Candidate Name		Federal Payroll Withholding	
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).....▶	5530.75
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX44

Amount of Each Disbursement this Period

[REDACTED]	2032.42
------------	---------

Federal Payroll Withholding

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX55

Amount of Each Disbursement this Period

[REDACTED]	438.70
------------	--------

Federal Payroll Withholding

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX67

Amount of Each Disbursement this Period

[REDACTED]	1663.38
------------	---------

Federal Payroll Withholding

Memo Item

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

[REDACTED]	4134.50
------------	---------

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement
Federal Payroll Withholding

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX85
Amount of Each Disbursement this Period

Memo Item
Federal Payroll Withholding

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement
Federal Payroll Withholding

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX100
Amount of Each Disbursement this Period

Memo Item
Federal Payroll Withholding

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement
Federal Payroll Withholding

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

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

Memo Item
Federal Payroll Withholding

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

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-EX127
 Amount of Each Disbursement this Period

 Federal Payroll Withholding

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement 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-EX142
 Amount of Each Disbursement this Period

 Federal Payroll Withholding

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement 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-EX151
 Amount of Each Disbursement this Period

 Federal Payroll Withholding

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Federal Payroll Withholding

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX17c
Amount of Each Disbursement this Period
2277.39
Federal Payroll Withholding

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280

Purpose of Disbursement Bank Charge/Bank Fee

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX189
Amount of Each Disbursement this Period
2282.21
Bank Charge/Bank Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX16
Amount of Each Disbursement this Period
204.90
state payroll withholding

Memo Item

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

4764.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

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

[REDACTED] 239.76

state payroll withholding

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

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

[REDACTED] 310.62

state payroll withholding

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX45
Amount of Each Disbursement this Period

[REDACTED] 147.50

state payroll withholding

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

[REDACTED] 697.88

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX46

Amount of Each Disbursement this Period

[REDACTED] 338.96

state payroll withholding

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX68

Amount of Each Disbursement this Period

[REDACTED] 52.50

state payroll withholding

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX71

Amount of Each Disbursement this Period

[REDACTED] 243.25

state payroll withholding

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

[REDACTED] 634.71

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX86

Amount of Each Disbursement this Period

[REDACTED] 137.75

Federal Payroll Withholding

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement state payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX87

Amount of Each Disbursement this Period

[REDACTED] 382.55

state payroll withholding

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement state payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX10

Amount of Each Disbursement this Period

[REDACTED] 107.84

state payroll withholding

Memo Item

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

[REDACTED] 628.14

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement state payroll withholding

001
Category/
Type

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

[REDACTED] 336.83

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[REDACTED] state payroll withholding
 Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2018

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement state payroll withholding

001
Category/
Type

Transaction ID : SB21b-EX110
Amount of Each Disbursement this Period

[REDACTED] 171.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[REDACTED] state payroll withholding
 Memo Item

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
02		23		2018

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement state payroll withholding

001
Category/
Type

Transaction ID : SB21b-EX11z
Amount of Each Disbursement this Period

[REDACTED] 350.44

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[REDACTED] state payroll withholding
 Memo Item

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

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

[REDACTED] 858.27

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement state payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX12

Amount of Each Disbursement this Period

[REDACTED] 61.17

state payroll withholding

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement state payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX13

Amount of Each Disbursement this Period

[REDACTED] 328.00

state payroll withholding

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement Credit Card Fee/Merchant Fee

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX14

Amount of Each Disbursement this Period

[REDACTED] 121.50

Credit Card Fee/Merchant Fee

Memo Item

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

[REDACTED] 510.67

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX144
Amount of Each Disbursement this Period
317.00

Memo Item state payroll withholding

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX157
Amount of Each Disbursement this Period
146.91

Memo Item state payroll withholding

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement state payroll withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX151
Amount of Each Disbursement this Period
375.85

Memo Item state payroll withholding

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

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

839.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement state payroll withholding

001
Category/Type

Transaction ID : SB21b-EX171

Amount of Each Disbursement this Period

[REDACTED] 105.25

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

state payroll withholding
 Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

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

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement state payroll withholding

001
Category/Type

Transaction ID : SB21b-EX172

Amount of Each Disbursement this Period

[REDACTED] 340.29

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

state payroll withholding
 Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C [REDACTED]

Purpose of Disbursement state payroll withholding

001
Category/Type

Transaction ID : SB21b-EX191

Amount of Each Disbursement this Period

[REDACTED] 140.60

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

state payroll withholding
 Memo Item

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

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

[REDACTED] 586.14

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]
Transaction ID : SB21b-EX191
 Amount of Each Disbursement this Period
 [REDACTED] 364.92
 state payroll withholding

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:

Memo Item

Full Name (Last, First, Middle Initial)

B. Department of Workforce Development

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2018

Mailing Address 6083 N Teutonia Ave
PO Box 09999

FEC Identification Number

C [REDACTED]
Transaction ID : SB21b-EX53
 Amount of Each Disbursement this Period
 [REDACTED] 2835.45
 State Unemployment

City Milwaukee State WI Zip Code 53209

Purpose of Disbursement
State Unemployment

001
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Oregon Department of Justice

Date of Disbursement

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

Mailing Address PO Box 14506 Salem

FEC Identification Number

C [REDACTED]
Transaction ID : SB21b-EX141
 Amount of Each Disbursement this Period
 [REDACTED] 34.38
 wage attachment

City Salem State OR Zip Code 97309

Purpose of Disbursement
wage attachment

001
Category/Type

Candidate Name

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

Memo Item

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

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

[REDACTED]	3234.75
[REDACTED]	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Oregon Department of Justice		Date of Disbursement MM / DD / YYYY 03 / 16 / 2018
Mailing Address PO Box 14506 Salem		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX154 Amount of Each Disbursement this Period [REDACTED] 34.38 wage attachment
City Salem	State OR	Zip Code 97309
Purpose of Disbursement wage attachment		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. Oregon Department of Justice		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address PO Box 14506 Salem		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX188 Amount of Each Disbursement this Period [REDACTED] 34.38 wage attachment
City Salem	State OR	Zip Code 97309
Purpose of Disbursement wage attachment		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) C. Oregon Department of Justice		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address PO Box 14506 Salem		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX181 Amount of Each Disbursement this Period [REDACTED] 34.38 wage attachment
City Salem	State OR	Zip Code 97309
Purpose of Disbursement wage attachment		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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 103.14
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Nielsen Merksamer			Date of Disbursement MM / DD / YYYY 02 / 08 / 2018	
Mailing Address 2350 Kerner Boulevard Suite 250			FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX80	
City San Rafael	State CA	Zip Code 94901	Amount of Each Disbursement this Period [REDACTED] 2500.00	
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Credit Card Fee/Merchant Fee	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Nielsen Merksamer			Date of Disbursement MM / DD / YYYY 03 / 19 / 2018	
Mailing Address 2350 Kerner Boulevard Suite 250			FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX159	
City San Rafael	State CA	Zip Code 94901	Amount of Each Disbursement this Period [REDACTED] 833.34	
Purpose of Disbursement Legal		Category/Type 001	Legal	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Bent, Thomas B, , ,			Date of Disbursement MM / DD / YYYY 01 / 12 / 2018	
Mailing Address 2875 N 25th Street			FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX19:	
City Milwaukee	State WI	Zip Code 53206	Amount of Each Disbursement this Period [REDACTED] 168.87	
Purpose of Disbursement Payroll		Category/Type 001	Payroll	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3502.21
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX194
Amount of Each Disbursement this Period
331.31

Memo Item

Full Name (Last, First, Middle Initial)

B. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX195
Amount of Each Disbursement this Period
218.19

Memo Item

Full Name (Last, First, Middle Initial)

C. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX191
Amount of Each Disbursement this Period
196.64

Memo Item

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

746.14

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX197
Amount of Each Disbursement this Period
207.81

Memo Item Payroll

Full Name (Last, First, Middle Initial)

B. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX198
Amount of Each Disbursement this Period
219.56

Memo Item Payroll

Full Name (Last, First, Middle Initial)

C. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX199
Amount of Each Disbursement this Period
306.21

Memo Item Payroll

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

733.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX20c

Amount of Each Disbursement this Period

[REDACTED] 256.66

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

B. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX201

Amount of Each Disbursement this Period

[REDACTED] 251.40

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

C. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX20;

Amount of Each Disbursement this Period

[REDACTED] 277.78

Payroll

Memo Item

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

[REDACTED] 785.84

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX20
Amount of Each Disbursement this Period
250.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Bent, Thomas B, , ,

Mailing Address 2875 N 25th Street

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX204
Amount of Each Disbursement this Period
205.46

Memo Item

Full Name (Last, First, Middle Initial)

C. Blair Daniel T

Mailing Address 6914 W Lincoln Ave #11

City West Allis

State WI

Zip Code 53219

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX20
Amount of Each Disbursement this Period
77.57

Memo Item

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

533.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX20
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX209
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX211
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Payroll 001
Candidate Name

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

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

FEC Identification Number
C
Transaction ID : SB21b-EX211
Amount of Each Disbursement this Period
77.57

Memo Item

Full Name (Last, First, Middle Initial)

B. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Payroll 001
Candidate Name

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

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

FEC Identification Number
C
Transaction ID : SB21b-EX212
Amount of Each Disbursement this Period
122.24

Memo Item

Full Name (Last, First, Middle Initial)

C. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement Payroll 001
Candidate Name

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

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

FEC Identification Number
C
Transaction ID : SB21b-EX21:
Amount of Each Disbursement this Period
128.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 328.22
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21b-EX214
Amount of Each Disbursement this Period
 77.57

Memo Item Payroll

Full Name (Last, First, Middle Initial)

B. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21b-EX215
Amount of Each Disbursement this Period
 134.59

Memo Item Payroll

Full Name (Last, First, Middle Initial)

C. Blair Daniel T

Mailing Address 6914 W Lincoln Ave
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX211
Amount of Each Disbursement this Period
 77.58

Memo Item Payroll

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

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

289.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Cannestra Larry

Mailing Address 1800 West Becker Street
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX215
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Cannestra Larry

Mailing Address 1800 West Becker Street
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX220
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Cannestra Larry

Mailing Address 1800 West Becker Street
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX22
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cannestra Larry		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018
Mailing Address 1800 West Becker Street Apt 2011		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX222 Amount of Each Disbursement this Period 103.36 Payroll <input type="checkbox"/> Memo Item
City Milwaukee	State WI	Zip Code 53215
Purpose of Disbursement Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Dolister Brian		Date of Disbursement MM / DD / YYYY 01 / 12 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX224 Amount of Each Disbursement this Period 265.12 Payroll <input type="checkbox"/> Memo Item
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Dolister Brian		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX22: Amount of Each Disbursement this Period 35.33 Payroll <input type="checkbox"/> Memo Item
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	403.81
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Dolister Brian

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Payroll

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-EX22f
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Dolister Brian

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Payroll

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-EX22f
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Dolister Brian

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Payroll

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-EX22f
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dolister Brian		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX22 Amount of Each Disbursement this Period 206.49 Payroll
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Payroll		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Dolister Brian		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX23 Amount of Each Disbursement this Period 130.61 Payroll
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Payroll		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Dolister Brian		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address 3751 E Plankington Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX23 Amount of Each Disbursement this Period 70.19 Payroll
City Cudahay	State WI	Zip Code 53115
Purpose of Disbursement Payroll		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	407.29
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Dolister Brian

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Payroll

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-EX232
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Dolister Brian

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Payroll

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-EX233
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Dolister Brian

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Payroll

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX23
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Dolister Brian

Mailing Address 3751 E Plankington Avenue

City Cudahay State WI Zip Code 53115

Purpose of Disbursement Payroll

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-EX23i
 Amount of Each Disbursement this Period

 Payroll

Memo Item

Full Name (Last, First, Middle Initial)

B. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Payroll

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-EX23i
 Amount of Each Disbursement this Period

 Payroll

Memo Item

Full Name (Last, First, Middle Initial)

C. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Payroll

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-EX23i
 Amount of Each Disbursement this Period

 Payroll

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX23
Amount of Each Disbursement this Period
277.05

Memo Item

Full Name (Last, First, Middle Initial)

B. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX240
Amount of Each Disbursement this Period
389.85

Memo Item

Full Name (Last, First, Middle Initial)

C. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX24
Amount of Each Disbursement this Period
415.99

Memo Item

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

1082.89

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX242
Amount of Each Disbursement this Period
597.64

Memo Item

Full Name (Last, First, Middle Initial)

B. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX243
Amount of Each Disbursement this Period
286.54

Memo Item

Full Name (Last, First, Middle Initial)

C. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX24
Amount of Each Disbursement this Period
493.75

Memo Item

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

1377.93

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX245
Amount of Each Disbursement this Period
433.72

Memo Item

Full Name (Last, First, Middle Initial)

B. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX246
Amount of Each Disbursement this Period
533.57

Memo Item

Full Name (Last, First, Middle Initial)

C. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX247
Amount of Each Disbursement this Period
402.91

Memo Item

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

1370.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Gosia Dean L

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX244

Amount of Each Disbursement this Period

[REDACTED] 383.73

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

B. Harris Thomas O

Mailing Address 828a W Galena St #11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX250

Amount of Each Disbursement this Period

[REDACTED] 352.73

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

C. Harris Thomas O

Mailing Address 828a W Galena St #11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX25

Amount of Each Disbursement this Period

[REDACTED] 360.79

Payroll

Memo Item

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

[REDACTED] 1097.25

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Harris Thomas O

Mailing Address 828a W Galena St
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX252
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Harris Thomas O

Mailing Address 828a W Galena St
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX253
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Harris Thomas O

Mailing Address 828a W Galena St
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX25
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Harris Thomas O

Mailing Address 828a W Galena St
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX25
Amount of Each Disbursement this Period
417.49

Memo Item

Full Name (Last, First, Middle Initial)

B. Harris Thomas O

Mailing Address 828a W Galena St
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX256
Amount of Each Disbursement this Period
149.49

Memo Item

Full Name (Last, First, Middle Initial)

C. Harris Thomas O

Mailing Address 828a W Galena St
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX25
Amount of Each Disbursement this Period
297.96

Memo Item

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

864.94

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Harris Thomas O

Mailing Address 828a W Galena St
#11

City
Milwaukee

State
WI

Zip Code
53205

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	8

FEC Identification Number

C [REDACTED]
Transaction ID : SB21b-EX25
Amount of Each Disbursement this Period
[REDACTED] 359.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Harris Thomas O

Mailing Address 828a W Galena St
#11

City
Milwaukee

State
WI

Zip Code
53205

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]
Transaction ID : SB21b-EX29
Amount of Each Disbursement this Period
[REDACTED] 258.44

Memo Item

Full Name (Last, First, Middle Initial)

C. Harris Thomas O

Mailing Address 828a W Galena St
#11

City
Milwaukee

State
WI

Zip Code
53205

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]
Transaction ID : SB21b-EX26
Amount of Each Disbursement this Period
[REDACTED] 344.12

Memo Item

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

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

[REDACTED]	961.90
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX261
Amount of Each Disbursement this Period
289.78

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX262
Amount of Each Disbursement this Period
310.64

Memo Item

Full Name (Last, First, Middle Initial)

C. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX26:
Amount of Each Disbursement this Period
380.66

Memo Item

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

981.08

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Payroll

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX264
Amount of Each Disbursement this Period

Memo Item Payroll

Full Name (Last, First, Middle Initial)

B. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Payroll

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX265
Amount of Each Disbursement this Period

Memo Item Payroll

Full Name (Last, First, Middle Initial)

C. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Payroll

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX266
Amount of Each Disbursement this Period

Memo Item Payroll

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX267
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX268
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX266
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX27c
Amount of Each Disbursement this Period
379.62

Memo Item
Payroll

Full Name (Last, First, Middle Initial)

B. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX271
Amount of Each Disbursement this Period
379.62

Memo Item
Payroll

Full Name (Last, First, Middle Initial)

C. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21b-EX27;
Amount of Each Disbursement this Period
359.30

Memo Item
Payroll

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

1118.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Huffman Royce E

Mailing Address 1653 S 22nd Street
#1r

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement Payroll

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX27:
Amount of Each Disbursement this Period
 375.57

Memo Item Payroll

Full Name (Last, First, Middle Initial)

B. Kexel James L

Mailing Address 2302 12th Avenue
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Payroll

001
Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21b-EX274
Amount of Each Disbursement this Period
 206.15

Memo Item Payroll

Full Name (Last, First, Middle Initial)

C. Kexel James L

Mailing Address 2302 12th Avenue
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Payroll

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 12 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX27:
Amount of Each Disbursement this Period
 307.73

Memo Item Payroll

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

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

889.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Kexel James L

Mailing Address 2302 12th Avenue
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Payroll 001 Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX27f
Amount of Each Disbursement this Period
356.60
Payroll
 Memo Item

Full Name (Last, First, Middle Initial)

B. Kexel James L

Mailing Address 2302 12th Avenue
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Payroll 001 Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX27f
Amount of Each Disbursement this Period
387.45
Payroll
 Memo Item

Full Name (Last, First, Middle Initial)

C. Kexel James L

Mailing Address 2302 12th Avenue
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement Payroll 001 Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX27f
Amount of Each Disbursement this Period
48.49
Payroll
 Memo Item

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

792.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kexel James L		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX27 Amount of Each Disbursement this Period 380.55
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kexel James L		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX28 Amount of Each Disbursement this Period 237.71
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Kexel James L		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX28 Amount of Each Disbursement this Period 329.44
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	947.70
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kexel James L		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX282
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 352.89
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kexel James L		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX283
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 248.88
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Kexel James L		Date of Disbursement MM / DD / YYYY 03 / 16 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX284
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 259.04
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	860.81
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kexel James L		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX285
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 271.27	
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. Kexel James L		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address 2302 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX286
City South Milwaukee	State WI	Zip Code 53172
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 277.05	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Martin Kevin L		Date of Disbursement MM / DD / YYYY 01 / 12 / 2018
Mailing Address 1820 W Wells Street		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX287
City Milwaukee	State WI	Zip Code 53233
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 186.82	
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).....▶	735.14
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Martin Kevin L

Mailing Address 1820 W Wells Street

City
Milwaukee

State
WI

Zip Code
53233

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX28

Amount of Each Disbursement this Period

[REDACTED] 294.11

Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Kevin L

Mailing Address 1820 W Wells Street

City
Milwaukee

State
WI

Zip Code
53233

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX29

Amount of Each Disbursement this Period

[REDACTED] 147.94

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Kevin L

Mailing Address 1820 W Wells Street

City
Milwaukee

State
WI

Zip Code
53233

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX29

Amount of Each Disbursement this Period

[REDACTED] 220.10

Memo Item

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

[REDACTED] 662.15

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Martin Kevin L

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Payroll

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-EX292
 Amount of Each Disbursement this Period

 Payroll

Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Kevin L

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Payroll

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-EX293
 Amount of Each Disbursement this Period

 Payroll

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Kevin L

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Payroll

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-EX29
 Amount of Each Disbursement this Period

 Payroll

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Martin Kevin L

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX295
Amount of Each Disbursement this Period
263.57

Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Kevin L

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX296
Amount of Each Disbursement this Period
258.96

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Kevin L

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX297
Amount of Each Disbursement this Period
142.75

Memo Item

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

665.28

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Martin Kevin L

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX29f

Amount of Each Disbursement this Period

[REDACTED] 70.72

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

B. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX301

Amount of Each Disbursement this Period

[REDACTED] 166.15

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

C. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX30;

Amount of Each Disbursement this Period

[REDACTED] 251.66

Payroll

Memo Item

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

[REDACTED] 488.53

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX30:

Amount of Each Disbursement this Period

225.35

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

B. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX30:

Amount of Each Disbursement this Period

244.62

Payroll

Memo Item

Full Name (Last, First, Middle Initial)

C. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2018

FEC Identification Number

C

Transaction ID : SB21b-EX30:

Amount of Each Disbursement this Period

49.43

Payroll

Memo Item

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

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

519.40

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Nowak Justin		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018	
Mailing Address 2038 S 30th Street		FEC Identification Number C [REDACTED]	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : SB21b-EX30f
Purpose of Disbursement Payroll		Category/Type 001	Amount of Each Disbursement this Period 76.43
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Nowak Justin		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018	
Mailing Address 2038 S 30th Street		FEC Identification Number C [REDACTED]	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : SB21b-EX307
Purpose of Disbursement Payroll		Category/Type 001	Amount of Each Disbursement this Period 102.75
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Nowak Justin		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018	
Mailing Address 2038 S 30th Street		FEC Identification Number C [REDACTED]	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : SB21b-EX30i
Purpose of Disbursement Payroll		Category/Type 001	Amount of Each Disbursement this Period 58.66
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).....▶	237.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX30
Amount of Each Disbursement this Period
312.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX310
Amount of Each Disbursement this Period
183.71

Memo Item

Full Name (Last, First, Middle Initial)

C. Nowak Justin

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement Payroll

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX31
Amount of Each Disbursement this Period
260.61

Memo Item

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

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

757.22

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Olson Alan

Mailing Address 8531 W Cascade Drive

City Franklin State WI Zip Code 53132

Purpose of Disbursement Payroll

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-EX313
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ostoich Michael J

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Payroll

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-EX315
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ostoich Michael J

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Payroll

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-EX311
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 01 / 26 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX317
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 0.50
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX318
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 91.43
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX31!
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 344.57
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:	<input type="checkbox"/> Memo Item	

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

436.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX32t
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 217.25
Candidate Name		Payroll
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX321
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 53.34
Candidate Name		Payroll
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 03 / 02 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX32;
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period 327.23
Candidate Name		Payroll
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	597.82
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 03 / 09 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX32: Amount of Each Disbursement this Period 338.67
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 03 / 16 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX324 Amount of Each Disbursement this Period 328.16
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Ostoich Michael J		Date of Disbursement MM / DD / YYYY 03 / 23 / 2018
Mailing Address 6547 Greenway #1		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX32: Amount of Each Disbursement this Period 348.63
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement Payroll		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1015.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Ostoich Michael J

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Payroll

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21b-EX32f
Amount of Each Disbursement this Period
360.06

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Date of Disbursement

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

Mailing Address 1835 E. Charleston Blvd. #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement credit card pmt processing and verifications

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21b-EX327
Amount of Each Disbursement this Period
9691.95
credit card pmt processing and verifications

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2018

Mailing Address 1835 E. Charleston Blvd. #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement processing of credit cards and verifications

001
Category/Type

FEC Identification Number

C
Transaction ID : SB21b-EX33i
Amount of Each Disbursement this Period
12265.22
processing of credit cards and verifications

Candidate Name

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

Memo Item

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

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

22317.23

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd. #4

City
Las Vegas

State
NV

Zip Code
89104

Purpose of Disbursement
processing of credit cards and verifications

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21b-EX345
Amount of Each Disbursement this Period
9702.85

Memo Item processing of credit cards and verifications

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd. #4

City
Las Vegas

State
NV

Zip Code
89104

Purpose of Disbursement
processing of credit cards and verifications

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21b-EX346
Amount of Each Disbursement this Period
4804.75

Memo Item processing of credit cards and verifications

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd. #4

City
Las Vegas

State
NV

Zip Code
89104

Purpose of Disbursement
processing of credit cards and verifications

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	8

FEC Identification Number

C
Transaction ID : SB21b-EX347
Amount of Each Disbursement this Period
29099.23

Memo Item processing of credit cards and verifications

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

4	3	6	0	6	.	8	3
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TOTAL This Period (last page this line number only)..... ▶

4	3	6	0	6	.	8	3
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd. #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement processing of credit cards and verifications

001

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX344

Amount of Each Disbursement this Period

[REDACTED] 36469.31

Memo Item processing of credit cards and verifications

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd. #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement processing of credit cards and verifications

001

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX349

Amount of Each Disbursement this Period

[REDACTED] 35930.85

Memo Item processing of credit cards and verifications

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1835 E. Charleston Blvd. #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement processing of credit cards and verifications

001

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX351

Amount of Each Disbursement this Period

[REDACTED] 36703.45

Memo Item processing of credit cards and verifications

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

[REDACTED] 109103.61

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018
Mailing Address 1835 E Charleston Blvd #4		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX32f Amount of Each Disbursement this Period 6828.32
City Las Vegas	State NV	Zip Code 89104
Purpose of Disbursement Software/Software Licensing Payment		Category/Type 003
Candidate Name		Memo Item Payment <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. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018
Mailing Address 1835 E Charleston Blvd #4		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX33f Amount of Each Disbursement this Period 8641.60
City Las Vegas	State NV	Zip Code 89104
Purpose of Disbursement Software/Software Licensing Payment		Category/Type 001
Candidate Name		Memo Item Payment <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018
Mailing Address 1835 E Charleston Blvd #4		FEC Identification Number C [REDACTED] Transaction ID : SB21b-EX33f Amount of Each Disbursement this Period 6836.00
City Las Vegas	State NV	Zip Code 89104
Purpose of Disbursement software licensing		Category/Type 001
Candidate Name		Memo Item Payment <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).....▶	22305.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. American Technology Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement software licensing

001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX34c
Amount of Each Disbursement this Period
3385.12

software licensing
 Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement software licensing

001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX341
Amount of Each Disbursement this Period
20501.76

software licensing
 Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement software licensing

001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C
Transaction ID : SB21b-EX34;
Amount of Each Disbursement this Period
25694.24

software licensing
 Memo Item

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

49581.12

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. American Technology Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement software licensing

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-EX343
 Amount of Each Disbursement this Period

 software licensing

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement software licensing

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-EX344
 Amount of Each Disbursement this Period

 software licensing

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement Caging and Escrow

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX32!
 Amount of Each Disbursement this Period

 Caging and Escrow

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City
Las Vegas

State
NV

Zip Code
89104

Purpose of Disbursement
Caging and Escrow

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX331

Amount of Each Disbursement this Period

[REDACTED] 4180.80

Caging and Escrow

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City
Las Vegas

State
NV

Zip Code
89104

Purpose of Disbursement
Caging and Escrow

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX332

Amount of Each Disbursement this Period

[REDACTED] 3307.20

Caging and Escrow

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City
Las Vegas

State
NV

Zip Code
89104

Purpose of Disbursement
Caging and Escrow

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21b-EX333

Amount of Each Disbursement this Period

[REDACTED] 1638.00

Caging and Escrow

Memo Item

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

[REDACTED] 9126.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX334
 Amount of Each Disbursement this Period

 Caging and Escrow

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX335
 Amount of Each Disbursement this Period

 Caging and Escrow

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX331
 Amount of Each Disbursement this Period

 Caging and Escrow

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 1835 E Charleston Blvd #4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21b-EX337
Amount of Each Disbursement this Period

Caging and Escrow

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Baccam, Peter, , ,

Mailing Address 3213 Westbrook Trce

City Lawrenceville State GA Zip Code 30044

Purpose of Disbursement
Contribution Ref to Individual

010

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB28a-CR12

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blake, Larry, , ,

Mailing Address 1879 N County Road 900 E

City Hagerstown State IN Zip Code 47346

Purpose of Disbursement
Contribution Ref to Individual

010

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB28a-CR5

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brown, Gale, , ,

Mailing Address 228 Avery Dr

City Myrtle Beach State SC Zip Code 29588

Purpose of Disbursement
Contribution Ref to Individual

010

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB28a-CR20

Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item

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

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

[REDACTED] 55.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cops, Trent, , ,		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018	
Mailing Address 705 Joslyn St		FEC Identification Number C [REDACTED] Transaction ID : SB28a-CR10	
City Helena	State MT	Zip Code 59601	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement Contribution Ref to Individual		Category/ Type 010	<input type="checkbox"/> Memo Item
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. Cozzi, Pamela, , ,		Date of Disbursement MM / DD / YYYY 01 / 30 / 2018	
Mailing Address 230 Park Ave		FEC Identification Number C [REDACTED] Transaction ID : SB28a-CR7	
City Park Ridge	State NJ	Zip Code 7656	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement Contribution Ref to Individual		Category/ Type 010	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Dowdy, Jo, , ,		Date of Disbursement MM / DD / YYYY 01 / 23 / 2018	
Mailing Address 1004 Clark St		FEC Identification Number C [REDACTED] Transaction ID : SB28a-CR6	
City Thermopolis	State WY	Zip Code 82443	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement Contribution Ref to Individual		Category/ Type 010	<input type="checkbox"/> Memo Item
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).....▶	[REDACTED] 75.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Guyer, Jamie, , ,

Mailing Address 20019 Choctaw Ct

City
Germantown

State
MD

Zip Code
20876

Purpose of Disbursement
Contribution Ref to Individual

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB28a-CR1

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Haller, Karen, , ,

Mailing Address 10159 Songbird Ln

City
Pinckney

State
MI

Zip Code
48169

Purpose of Disbursement
Contribution Ref to Individual

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB28a-CR9

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hill, Robert, , ,

Mailing Address 834 W 50th Pl Apt 1

City
Chicago

State
IL

Zip Code
60609

Purpose of Disbursement
Contribution Ref to Individual

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB28a-CR16

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

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

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

[REDACTED] 55.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Hobbs, Kendra, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 24330 Holden Dr

City Brooksville State FL Zip Code 34601

Purpose of Disbursement
Contribution Ref to Individual

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB28a-CR14

Amount of Each Disbursement this Period: 50.00

Memo Item

B. Lorenz, Brian, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1048 Summer Tree Dr

City Ballwin State MO Zip Code 63011

Purpose of Disbursement
Contribution Ref to Individual

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB28a-CR15

Amount of Each Disbursement this Period: 15.00

Memo Item

C. Marsh, Brian, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6771 Lydia Ln

City Saint Paul State MN Zip Code 55125

Purpose of Disbursement
Contribution Ref to Individual

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB28a-CR4

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 85.00

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)	PAGE 130 OF 132
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input checked="" type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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

Full Name (Last, First, Middle Initial) A. McKinnie, Miles, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2018
Mailing Address 5758 Brush St		
City Detroit	State MI	Zip Code 48202
Purpose of Disbursement Contribution Ref to Individual		Category/Type 010
Candidate Name		Amount of Each Disbursement this Period 45.00
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) ▼	
State: _____ District: _____	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ross, Debie, , ,		Date of Disbursement MM / DD / YYYY 01 / 30 / 2018
Mailing Address 9359 S 600 E-92		
City Roanoke	State IN	Zip Code 46783
Purpose of Disbursement Contribution Ref to Individual		Category/Type 010
Candidate Name		Amount of Each Disbursement this Period 25.00
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) ▼	
State: _____ District: _____	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Ruthman, Megan, , ,		Date of Disbursement MM / DD / YYYY 01 / 30 / 2018
Mailing Address 563 Cypress Way E		
City Naples	State FL	Zip Code 34110
Purpose of Disbursement Contribution Ref to Individual		Category/Type 010
Candidate Name		Amount of Each Disbursement this Period 35.00
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) ▼	
State: _____ District: _____	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	105.00
TOTAL This Period (last page this line number only)..... ▶	(Empty)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sabo, Lisa, , ,		Date of Disbursement MM / DD / YYYY 01 / 25 / 2018	
Mailing Address 369 Powell Rd		FEC Identification Number C [REDACTED] Transaction ID : SB28a-CR17 Amount of Each Disbursement this Period 15.00	
City Fairmont	State WV	Zip Code 26554	Category/ Type 010
Purpose of Disbursement Contribution Ref to Individual		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. Stevens, Jack, , ,		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018	
Mailing Address 206 Harvey Ave		FEC Identification Number C [REDACTED] Transaction ID : SB28a-CR18 Amount of Each Disbursement this Period 35.00	
City Oak Hill	State WV	Zip Code 25901	Category/ Type 010
Purpose of Disbursement Contribution Ref to Individual		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Walter, Emma, , ,		Date of Disbursement MM / DD / YYYY 02 / 15 / 2018	
Mailing Address 856 Smokeyrrd		FEC Identification Number C [REDACTED] Transaction ID : SB28a-CR11 Amount of Each Disbursement this Period 25.00	
City Crawford	State GA	Zip Code 30630	Category/ Type 010
Purpose of Disbursement Contribution Ref to Individual		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).....▶	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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association for Emergency Responders and Firefighters

Full Name (Last, First, Middle Initial)

A. Watson, Marie, , ,

Mailing Address 1635 Higgin Rdse

City
Port Orchard

State
WA

Zip Code
98366

Purpose of Disbursement
Contribution Ref to Individual

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 : SB28a-CR2
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Welch, Richard, , ,

Mailing Address 401 59th St SW

City
Hazelton

State
ND

Zip Code
58544

Purpose of Disbursement
Contribution Ref to Individual

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 : SB28a-CR3
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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