

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ASSOCIATION FOR FIREFIGHTERS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="581.08"/>	<input type="text" value="581.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="581.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7245.00"/>	<input type="text" value="7245.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7826.08"/>	<input type="text" value="7826.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6851.16"/>	<input type="text" value="6851.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="974.92"/>	<input type="text" value="974.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION FOR FIREFIGHTERS PAC

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).....	2340.00	2340.00
(ii) Unitemized	4905.00	4905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7245.00	7245.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7245.00	7245.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7245.00	7245.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7245.00	7245.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6851.16	6851.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6851.16	6851.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6851.16	6851.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6851.16	6851.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7245.00	7245.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7245.00	7245.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6851.16	6851.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6851.16	6851.16

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

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

FOR LINE NUMBER: PAGE 6 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Alliance Heating and Air Conditioning

Mailing Address 23 Brookfield Avenue

City Bridgeport State CT Zip Code 06610

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

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

Receipt For: 2019
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2019

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ATLANTIC METALS AND ALLOYS LLC

Mailing Address 100 Benton Street #d

City Stratford State CT Zip Code 06615

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

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

Receipt For: 2019
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2019

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Blackstones Of Southport Inc (Steakhouse)

Mailing Address 181 Main Street

City Fairfield State CT Zip Code 06890

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

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

Receipt For: 2019
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2019

Transaction ID : SA11AI.5593

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: (check only one)	PAGE 7 OF 19
<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 FIREFIGHTERS PAC

A. Eb Manufacturing Company, Inc.

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

Mailing Address 825 Middle Street

City Middletown	State CT	Zip Code 06457
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2019
 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
 02 / 15 / 2019

Transaction ID : SA11AI.5602

Amount of Each Receipt this Period
 250.00

Memo Item

B. Enfield Transit Mix

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

Mailing Address 84 Broad Brook Rd

City Enfield	State CT	Zip Code 06083
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2019
 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 / 22 / 2019

Transaction ID : SA11AI.5629

Amount of Each Receipt this Period
 150.00

Memo Item

C. Gynastics & Cheerleading & Makeup Academy

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

Mailing Address 85 Mill Plain Road

City Fairfield	State CT	Zip Code 06824
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2019
 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 / 27 / 2019

Transaction ID : SA11AI.5635

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 19
<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 FIREFIGHTERS PAC

A. L.P. MACADAMS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Austin Street

City Bridgeport	State CT	Zip Code 06604
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2019
 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
02	/	01	/	2019

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period
250.00

Memo Item

B. Triple Crown Cabinet & Millwork Corporation
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 B Jan Sebastian Drive

City Sandwich	State MA	Zip Code 02563
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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: 2019
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2019

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period
390.00

Memo Item

C. USA MECHANICAL & ENERGY SERVICE,LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15-d International Drive

City East Granby	State CT	Zip Code 06026
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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: 2019
 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	/	18	/	2019

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	890.00
TOTAL This Period (last page this line number only).....	2340.00

**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 FIREFIGHTERS PAC

A. Adp Realty

Full Name (Last, First, Middle Initial)

Mailing Address 271 Quassapaug Road

City Woodbury State CT Zip Code 06798

Purpose of Disbursement Office Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5468

Amount of Each Disbursement this Period: 350.00

Memo Item

B. Adp Realty

Full Name (Last, First, Middle Initial)

Mailing Address 271 Quassapaug Road

City Woodbury State CT Zip Code 06798

Purpose of Disbursement Office Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5469

Amount of Each Disbursement this Period: 350.00

Memo Item

C. Integrated Solutions: Political

Full Name (Last, First, Middle Initial)

Mailing Address 4142 Adams Avenue Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement Compliance SaaS Cloud Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5474

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 800.00

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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019	
Mailing Address Suite# 1118		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5455 Amount of Each Disbursement this Period [REDACTED] 40.00	
City Washington	State DC	Zip Code 20002	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 11 / 2019	
Mailing Address Suite# 1118		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5456 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Washington	State DC	Zip Code 20002	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 11 / 2019	
Mailing Address Suite# 1118		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5457 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Washington	State DC	Zip Code 20002	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 240.00
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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 14 / 2019
Mailing Address Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5458 Amount of Each Disbursement this Period 50.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> 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. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 19 / 2019
Mailing Address Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5459 Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> 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. Kahn, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 27 / 2019
Mailing Address Suite# 1118		FEC Identification Number C Transaction ID : SB21B.5460 Amount of Each Disbursement this Period 250.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

400.00

**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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Morlando, Anthony, , ,			Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 2 Sunnyside Avenue				
City Watertown	State CT	Zip Code 06779	FEC Identification Number C [] Transaction ID : SB21B.5436 Amount of Each Disbursement this Period [] 375.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		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:				
Full Name (Last, First, Middle Initial) B. Morlando, Anthony, , ,			Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address 2 Sunnyside Avenue				
City Watertown	State CT	Zip Code 06779	FEC Identification Number C [] Transaction ID : SB21B.5437 Amount of Each Disbursement this Period [] 110.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		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:				
Full Name (Last, First, Middle Initial) C. Morlando, Anthony, , ,			Date of Disbursement MM / DD / YYYY 02 / 11 / 2019	
Mailing Address 2 Sunnyside Avenue				
City Watertown	State CT	Zip Code 06779	FEC Identification Number C [] Transaction ID : SB21B.5438 Amount of Each Disbursement this Period [] 422.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		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:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 907.00	
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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Morlando, Anthony, , ,		Date of Disbursement MM / DD / YYYY 02 / 19 / 2019	
Mailing Address 2 Sunnyside Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5439 Amount of Each Disbursement this Period [REDACTED] 450.00	
City Watertown	State CT	Zip Code 06779	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Morlando, Anthony, , ,		Date of Disbursement MM / DD / YYYY 02 / 26 / 2019	
Mailing Address 2 Sunnyside Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5440 Amount of Each Disbursement this Period [REDACTED] 225.00	
City Watertown	State CT	Zip Code 06779	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Morlando, Anthony, , ,		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 2 Sunnyside Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5441 Amount of Each Disbursement this Period [REDACTED] 435.00	
City Watertown	State CT	Zip Code 06779	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1110.00
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

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

NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial) A. Morlando, Anthony, , ,		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019	
Mailing Address 2 Sunnyside Avenue			
City Watertown	State CT	Zip Code 06779	
Purpose of Disbursement Payroll		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> 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:	Amount of Each Disbursement this Period 200.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Morlando, Anthony, , ,		Date of Disbursement MM / DD / YYYY 03 / 21 / 2019	
Mailing Address 2 Sunnyside Avenue			
City Watertown	State CT	Zip Code 06779	
Purpose of Disbursement Payroll		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> 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:	Amount of Each Disbursement this Period 127.50		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Morlando, Anthony, , ,		Date of Disbursement MM / DD / YYYY 03 / 25 / 2019	
Mailing Address 2 Sunnyside Avenue			
City Watertown	State CT	Zip Code 06779	
Purpose of Disbursement Payroll		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> 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:	Amount of Each Disbursement this Period 375.00		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	702.50
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 FIREFIGHTERS PAC

A. Morlando, Anthony, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2 Sunnyside Avenue

City Watertown State CT Zip Code 06779

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5445

Amount of Each Disbursement this Period: 312.50

Memo Item

B. Rubin, Paul, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4239 East Flower Street

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5462

Amount of Each Disbursement this Period: 234.00

Memo Item

C. Td Bank

Full Name (Last, First, Middle Initial)

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B.5489

Amount of Each Disbursement this Period: 85.00

Memo Item

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

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

631.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5490
 Amount of Each Disbursement this Period
 85.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5491
 Amount of Each Disbursement this Period
 10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5492
 Amount of Each Disbursement this Period
 30.00

Memo Item

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

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

125.00

**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 FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5498
Amount of Each Disbursement this Period
13.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5499
Amount of Each Disbursement this Period
6.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Usps

Mailing Address 900 Brentwood Road N.E.

City Washington State DC Zip Code 20066

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5500
Amount of Each Disbursement this Period
19.35

Memo Item

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

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

40.20

4956.20

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ASSOCIATION FOR FIREFIGHTERS PAC** Transaction ID : **SC/10.4860**

LOAN SOURCE Full Name (Last, First, Middle Initial) Safety Support LLC		<input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 50 Waterbury Road - Suite#210			
City Prospect	State CT	ZIP Code 06712	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	2000.00	- 1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 19 / 2018	MM / DD / YYYY 06/01/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶	[] - 1000.00
TOTALS This Period (last page in this line only) ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) ASSOCIATION FOR FIREFIGHTERS PAC	Transaction ID : SC/10.4861
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LOAN SOURCE Full Name (Last, First, Middle Initial) Safety Support LLC			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 50 Waterbury Road - Suite#210				
City Prospect	State CT	ZIP Code 06712		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 04 / 26 / 2018	MM / DD / YYYY 06/01/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.