

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00622472 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

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 12 / 11 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="156.05"/>	<input type="text" value="156.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22276.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="866496.99"/>	<input type="text" value="962865.11"/>
(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="888773.71"/>	<input type="text" value="963021.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="878796.38"/>	<input type="text" value="953043.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9977.33"/>	<input type="text" value="9977.33"/>
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 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).....	25200.00	28400.00
(ii) Unitemized	790488.93	883657.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	815688.93	912057.05
(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)	815688.93	912057.05
12. Transfers From Affiliated/Other Party Committees.....	50808.06	50808.06
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)).....▶	866496.99	962865.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	866496.99	962865.11

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	779796.38	850043.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	779796.38	850043.83
22. Transfers to Affiliated/Other Party Committees.....	99000.00	103000.00
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)) ..	878796.38	953043.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	878796.38	953043.83

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)	815688.93	912057.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	815688.93	912057.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	779796.38	850043.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	779796.38	850043.83

**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 199
	<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

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

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

A. ADAIR, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6016 S LEYDEN ST
 City CENTENNIAL State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7797381
 Amount of Each Receipt this Period 500.00
 Memo Item

B. ALLEN, TEDDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6310 TIMARRON COVE LN
 City BURKE State VA Zip Code 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 13 / 2017
Transaction ID : SA11AI-7803341
 Amount of Each Receipt this Period 200.00
 Memo Item

C. ANDERSON, CHRISTIANSON J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 849
 City WILLISTON State ND Zip Code 58802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11AI-7792755
 Amount of Each Receipt this Period 100.00
 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 199
	<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. BARRON, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 TIMBERGROVE CIR
 City DALLAS State TX Zip Code 75208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI-7800697
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. BARTON, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 WATERFORD RD
 City LOUISVILLE State KY Zip Code 40207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2017
Transaction ID : SA11AI-7793707
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. BELLE, RON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 ATHENA DR
 City TROY State MI Zip Code 48083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI-7793375
 Amount of Each Receipt this Period
 200.00
 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 199
<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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ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. BLANQUART, GUILLAUME, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2197 SINALOA AVE
 City ALTADENA State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 18 / 2017**
Transaction ID : SA11AI-7839543
 Amount of Each Receipt this Period 250.00
 Memo Item

B. BODA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 TOWER INDUSTRIAL DR
 City MONROE State NC Zip Code 28110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **11 / 02 / 2017**
Transaction ID : SA11AI-7805043
 Amount of Each Receipt this Period 200.00
 Memo Item

C. BOHN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5997
 City CARMEL State CA Zip Code 93921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **08 / 10 / 2017**
Transaction ID : SA11AI-7793485
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 199
	<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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ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

A. BOLICK, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 LAKE BOONE TRL
 City RALEIGH State NC Zip Code 27608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 06 / 2017
Transaction ID : SA11AI-7805113
 Amount of Each Receipt this Period 225.00
 Memo Item

B. BORDEN, JOE, , ,
 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 COAT TRILER SUPPLY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2017
Transaction ID : SA11AI-7805185
 Amount of Each Receipt this Period 300.00
 Memo Item

C. BREIER, SUZANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4881 S WATERVIEW CT
 City MILWAUKEE State WI Zip Code 53220
 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 08 / 10 / 2017
Transaction ID : SA11AI-7793489
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 199
	<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. BREIER, SUZANNE M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4881 S WATERVIEW CT

City MILWAUKEE	State WI	Zip Code 53220
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

Transaction ID : SA11AI-7833923

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 417 TWIN OAKS LN

City JACKSONVILLE	State FL	Zip Code 32259
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

Transaction ID : SA11AI-7797571

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 3602 LA COSTA RD

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

Name of Employer (for Individual) YVONNE BYLER	Occupation (for Individual) BEST EFFORTS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : SA11AI-7806149

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 199
	<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. CALLAHAN, CRYSTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 E KAREN TER
 City MUSTANG State OK Zip Code 73064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI-7806245
 Amount of Each Receipt this Period 160.00
 Memo Item

B. CALLAHAN, CRYSTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 E KAREN TER
 City MUSTANG State OK Zip Code 73064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 01 / 2017
Transaction ID : SA11AI-7828875
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CARMICHAEL, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 S CAJON AVE
 City WEST COVINA State CA Zip Code 91791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 27 / 2017
Transaction ID : SA11AI-7799319
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 199
<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. CASAS, JUAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 4 DOT LN
 City BELGRADE State MT Zip Code 59714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) CONSTRUCTION WORIKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 20 / 2017
Transaction ID : SA11AI-7806577
 Amount of Each Receipt this Period 200.00
 Memo Item

B. CHIURCO, ROXY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4442 FINCH CT
 City NAPA State CA Zip Code 94558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2017
Transaction ID : SA11AI-7799361
 Amount of Each Receipt this Period 500.00
 Memo Item

C. CLARK, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12430 W 105TH TER
 City LENEXA State KS Zip Code 66215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI-7801885
 Amount of Each Receipt this Period 100.00
 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 13 OF 199
	<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. CLARK, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12430 W 105TH TER
 City LENEXA State KS Zip Code 66215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 01 / 2017
Transaction ID : SA11AI-7828907
 Amount of Each Receipt this Period 100.00
 Memo Item

B. CLEARY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8826 FOREST VIEW DR
 City OLMSTED FALLS State OH Zip Code 44138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI-7830339
 Amount of Each Receipt this Period 100.00
 Memo Item

C. CLEARY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8826 FOREST VIEW DR
 City OLMSTED FALLS State OH Zip Code 44138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 18 / 2017
Transaction ID : SA11AI-7839837
 Amount of Each Receipt this Period 100.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 199
	<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. CLINE, JACKY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1215 36TH AVE NE

City OLYMPIA	State WA	Zip Code 98506
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2017

Transaction ID : SA11AI-7807141

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 5414 RIVER RUN TRL
APT C

City FORT WAYNE	State IN	Zip Code 46825
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	19	/	2017

Transaction ID : SA11AI-7792809

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 5414 RIVER RUN TRL
APT C

City FORT WAYNE	State IN	Zip Code 46825
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2017

Transaction ID : SA11AI-7807299

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 199
<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. CORADO, LYDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WINCHESTER CANYON RD
 SPC 130
 City GOLETA State CA Zip Code 93117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) HOUSEKEEPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : SA11AI-7807559
 Amount of Each Receipt this Period
 225.00
 Memo Item

B. COX, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 HORIZON DR
 City COUNCIL BLUFFS State IA Zip Code 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : SA11AI-7807727
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. DAWSON, WIYND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3940 SNIDER AVE
 City FRISCO CITY State AL Zip Code 36445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : SA11AI-7808373
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
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 199
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DILLARD, ROSETTA, , ,

Mailing Address 3334 PEACHTREE RD NE
APT 508

City ATLANTA State GA Zip Code 30326

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

Name of Employer (for Individual) Best Efforts Occupation (for Individual) BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 04 / 2017

Transaction ID : SA11AI-7830589

Amount of Each Receipt this Period 200.00

Memo Item

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

Mailing Address 3334 PEACHTREE RD NE
APT 508

City ATLANTA State GA Zip Code 30326

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

Name of Employer (for Individual) Best Efforts Occupation (for Individual) BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 25 / 2017

Transaction ID : SA11AI-7844393

Amount of Each Receipt this Period 200.00

Memo Item

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

Mailing Address 1521 RUSSELL ST

City NASHVILLE State TN Zip Code 37206

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2017

Transaction ID : SA11AI-7843451

Amount of Each Receipt this Period 500.00

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 17 OF 199
<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. DUPEE, JEANNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 PENDLETON RD
 City FREDERICKSBURG State VA Zip Code 22405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI-7801959
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. EIKENBERRY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 684 WESTOVER DR
 City SIDNEY State OH Zip Code 45365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7797809
 Amount of Each Receipt this Period 300.00
 Memo Item

C. FIGURELLI, CAROL/JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 CAMELOT LN
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 11 / 2017
Transaction ID : SA11AI-7794723
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 18 OF 199
	<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. FULLER, SISTER NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3612 ARBOLEDA SENDA NE
 City ALBUQUERQUE State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 11 / 2017
Transaction ID : SA11AI-7793977
 Amount of Each Receipt this Period 100.00
 Memo Item

B. GALLEGOS, ROSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 82236 SIERRA AVE
 City INDIO State CA Zip Code 92201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI-7810707
 Amount of Each Receipt this Period 300.00
 Memo Item

C. GLICK, JAY P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1254 FALCON RDG
 City CHEYENNE State WY Zip Code 82009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONSTRUCTION PLACE Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI-7811293
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 199
	<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. GOTOFF, MARGOT/HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 THRALL ST
 City CINCINNATI State OH Zip Code 45220
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 05 / 2017
Transaction ID : SA11AI-7794487
 Amount of Each Receipt this Period 90.00
 Memo Item

B. GOVAERTS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 16TH ST APT B402
 City MIAMI BEACH State FL Zip Code 33139
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 06 / 2017
Transaction ID : SA11AI-7811507
 Amount of Each Receipt this Period 200.00
 Memo Item

C. GREENSTEIN, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 327 HEATHCOTE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI-7793207
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
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 199
	<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. GREER, SACHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 NE 297TH CT
 City CAMAS State WA Zip Code 98607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) clark college Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017
Transaction ID : SA11AI-7799625
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. GUIDRY, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10357 HUNTER CREEK LN
 City CONROE State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : SA11AI-7811889
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. HANBLET, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 DAVIS AVE SW
 City LEESBURG State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 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
 10 / 13 / 2017
Transaction ID : SA11AI-7794839
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 199
	<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. HARRINGTON, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 846 S UNION GROVE RD
 City LEXINGTON State NC Zip Code 27295
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 18 / 2017
Transaction ID : SA11AI-7793639
 Amount of Each Receipt this Period 100.00
 Memo Item

B. HILL, EDGAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 664
 City SULTAN State WA Zip Code 98294
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017
Transaction ID : SA11AI-7799735
 Amount of Each Receipt this Period 300.00
 Memo Item

C. JOSEPH, SUSAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 539 BEVERLY BLVD
 City UPPER DARBY State PA Zip Code 19082
 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 08 / 15 / 2017
Transaction ID : SA11AI-7793539
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 199
	<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. JOSEPH, SUSAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 539 BEVERLY BLVD
 City UPPER DARBY State PA Zip Code 19082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI-7814711
 Amount of Each Receipt this Period 75.00
 Memo Item

B. KECK, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10050 E MOUNTAINVIEW LAKE DR UNIT 18
 City SCOTTSDALE State AZ Zip Code 85258
 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 ▼ 200.00

Date of Receipt 07 / 25 / 2017
Transaction ID : SA11AI-7793001
 Amount of Each Receipt this Period 50.00
 Memo Item

C. KECK, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10050 E MOUNTAINVIEW LAKE DR UNIT 18
 City SCOTTSDALE State AZ Zip Code 85258
 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 ▼ 200.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI-7814897
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 23 OF 199
	<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. KNOTT, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36920 FARMBROOK DR
 City CLINTON TOWNSHIP State MI Zip Code 48035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798237
 Amount of Each Receipt this Period 200.00
 Memo Item

B. LAMBINO, DANILLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1405 PALMAR ST
 City BOSSIER CITY State LA Zip Code 71111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 27 / 2017
Transaction ID : SA11AI-7815741
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LARSON, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127551 STATE ROUTE 26
 City COLFAX State WA Zip Code 99111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI-7815919
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 199
	<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. LIRA, ISABEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8568 PRESS RD
 City KINMUNDY State IL Zip Code 62854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI-7802333
 Amount of Each Receipt this Period 200.00
 Memo Item

B. LUTHER, EMMITT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 HIGHWAY 106 N
 City DANIELSVILLE State GA Zip Code 30633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2017
Transaction ID : SA11AI-7801255
 Amount of Each Receipt this Period 250.00
 Memo Item

C. MACKEY, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 WOODLEY RD
 City MONETA State VA Zip Code 24121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 12 / 2017
Transaction ID : SA11AI-7837897
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 25 OF 199
	<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. MARQUEZ, GUADALUPE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1403 CETIN CT

City HOUSTON	State TX	Zip Code 77073
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : SA11AI-7817303

Amount of Each Receipt this Period
500.00

Memo Item

B. MARTINEZ, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 CASPIAN ST

City TAMPA	State FL	Zip Code 33606
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : SA11AI-7796505

Amount of Each Receipt this Period
300.00

Memo Item

C. MC DEVITT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 GILMAN POND RD

City NEWPORT	State NH	Zip Code 03773
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2017

Transaction ID : SA11AI-7793281

Amount of Each Receipt this Period
100.00

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 26 OF 199
	<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. MCCLELLAN, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 148
 City CLIMAX State GA Zip Code 39834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **11 / 02 / 2017**
Transaction ID : SA11AI-7817769
 Amount of Each Receipt this Period 205.00
 Memo Item

B. 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 03087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 30 / 2017**
Transaction ID : SA11AI-7801287
 Amount of Each Receipt this Period 300.00
 Memo Item

C. MCJUNKIN, RYAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 DALTON ST APT 2305
 City BOSTON State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **10 / 26 / 2017**
Transaction ID : SA11AI-7798389
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	705.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 199
	<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. MENDEZ, MILAGROS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4716 44TH ST
 City WOODSIDE State NY Zip Code 11377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MENDEZ ACCOUNTING & TAX SVC Occupation (for Individual) BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 16 / 2017**
Transaction ID : SA11AI-7818297
 Amount of Each Receipt this Period 250.00
 Memo Item

B. MILLER, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 HARRISON AVE
 City ELKINS State WV Zip Code 26241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **10 / 18 / 2017**
Transaction ID : SA11AI-7794987
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MILLER, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 GREEN COVE POINT LN
 City CENTREVILLE State MD Zip Code 21617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **11 / 27 / 2017**
Transaction ID : SA11AI-7818541
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 28 OF 199
	<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. MILTON, MARTHA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 SHADY TRL
 City NEW MARKET State AL Zip Code 35761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 25 / 2017
Transaction ID : SA11AI-7796597
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MOORE, MICHAEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 EASY ST
 City TAYLORS State SC Zip Code 29687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 27 / 2017
Transaction ID : SA11AI-7800071
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MORGAN, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8276 DEEPWOOD BLVD UNIT 2
 City MENTOR State OH Zip Code 44060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI-7832073
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 29 OF 199
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MOSBLECH, VIRGINIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 W STRANG ST
 City ROCKWOOD State TN Zip Code 37854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 06 / 2017
Transaction ID : SA11AI-7819117
 Amount of Each Receipt this Period 200.00
 Memo Item

B. NANFREDI, TIAMARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 WHITEHALL POND
 City MYSTIC State CT Zip Code 06355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI-7794633
 Amount of Each Receipt this Period 100.00
 Memo Item

C. NEMETZ, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 710669
 City SANTEE State CA Zip Code 92072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 13 / 2017
Transaction ID : SA11AI-7819603
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 199
	<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. NINICE, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 SKIMINO RD
 City WILLIAMSBURG State VA Zip Code 23188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798513
 Amount of Each Receipt this Period 500.00
 Memo Item

B. NORTON, VERONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 106
 City RANCHO SANTA FE State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 06 / 2017
Transaction ID : SA11AI-7819889
 Amount of Each Receipt this Period 200.00
 Memo Item

C. OATES, MEREDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2032 SUNSET HILLS TER
 City NASHVILLE State TN Zip Code 37215
 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 ▼ 300.00

Date of Receipt 08 / 23 / 2017
Transaction ID : SA11AI-7793675
 Amount of Each Receipt this Period 100.00
 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 31 OF 199
	<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. OATES, MEREDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2032 SUNSET HILLS TER
 City NASHVILLE State TN Zip Code 37215
 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 ▼ 300.00

Date of Receipt 12 / 27 / 2017
Transaction ID : SA11AI-7846511
 Amount of Each Receipt this Period 100.00
 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) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798577
 Amount of Each Receipt this Period 200.00
 Memo Item

C. PIERCE, ANN MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address RR 2 BOX 40
 City TURPIN State OK Zip Code 73950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI-7821047
 Amount of Each Receipt this Period 200.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 199
	<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. PIERCE, ANN MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address RR 2 BOX 40
 City TURPIN State OK Zip Code 73950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISABLE Occupation (for Individual) DISABLE
 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
 12 / 01 / 2017
Transaction ID : SA11AI-7829483
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. PODULKA, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 BUTTERNUT LN APT D
 City MOUNT PROSPECT State IL Zip Code 60056
 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
 08 / 22 / 2017
Transaction ID : SA11AI-7793651
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. PODULKA, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 BUTTERNUT LN APT D
 City MOUNT PROSPECT State IL Zip Code 60056
 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
 12 / 07 / 2017
Transaction ID : SA11AI-7834013
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 199
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRATT, LEONARD, , ,

Mailing Address 310 ROUTE 27
APT 4

City RAYMOND State NH Zip Code 03077

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2017

Transaction ID : SA11AI-7793115

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 310 ROUTE 27
APT 4

City RAYMOND State NH Zip Code 03077

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : SA11AI-7793913

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 310 ROUTE 27
APT 4

City RAYMOND State NH Zip Code 03077

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017

Transaction ID : SA11AI-7821377

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 199
	<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. PRATT, LEONARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 ROUTE 27
 APT 4
 City RAYMOND State NH Zip Code 03077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 06 / 2017
Transaction ID : SA11AI-7833845
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PULSE, 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) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2017
Transaction ID : SA11AI-7796837
 Amount of Each Receipt this Period 500.00
 Memo Item

C. RABORN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5630 PETTY ST
 City HOUSTON State TX Zip Code 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : SA11AI-7821623
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 35 OF 199
	<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. RENNER, RONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9951 E IDAHO CIR
 APT 101
 City AURORA State CO Zip Code 80247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798675
 Amount of Each Receipt this Period 300.00
 Memo Item

B. RINGWALD, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 LITTLE CREEK RD
 City MOORESVILLE State NC Zip Code 28115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 03 / 2017
Transaction ID : SA11AI-7822269
 Amount of Each Receipt this Period 200.00
 Memo Item

C. RIVAS, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2018 NORTH ST
 City CORNING State CA Zip Code 96021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798691
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 36 OF 199
<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. RIVAS, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2018 NORTH ST
 City CORNING State CA Zip Code 96021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 20 / 2017
Transaction ID : SA11AI-782319
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ROBERTS, DOROTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1970 LEMON RANCH RD
 City SANTA BARBARA State CA Zip Code 93108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2017
Transaction ID : SA11AI-782359
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI-7822713
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 37 OF 199
	<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. SAMUELS, MARIO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 440595

City HOUSTON	State TX	Zip Code 77244
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Double M Operation	Occupation (for Individual) Contractor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2017

Transaction ID : SA11AI-7845523

Amount of Each Receipt this Period
240.00

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) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2017

Transaction ID : SA11AI-7823157

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 5325 E 81ST ST

City INDIANAPOLIS	State IN	Zip Code 46250
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2017

Transaction ID : SA11AI-7792897

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	590.00
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 38 OF 199
	<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. SCHUETTE, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3083 RAINES CT
 City MARIETTA State GA Zip Code 30062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798777
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SCHWARTZ, JODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6006 BALCONES CT APT 16
 City EL PASO State TX Zip Code 79912
 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 ▼ 200.00

Date of Receipt 12 / 13 / 2017
Transaction ID : SA11AI-7838429
 Amount of Each Receipt this Period 75.00
 Memo Item

C. SCHWARTZ, JODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6006 BALCONES CT APT 16
 City EL PASO State TX Zip Code 79912
 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 ▼ 200.00

Date of Receipt 12 / 27 / 2017
Transaction ID : SA11AI-7846549
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 39 OF 199
<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. SCHWENKER, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 BRIGHTON ST FL 2
 City PROVIDENCE State RI Zip Code 02909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : SA11AI-7823497
 Amount of Each Receipt this Period 300.00
 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) FIRST RESPONDERS Occupation (for Individual) owner training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798821
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. SMITH, JAMES G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 KING RICHARD CT
 City JACKSONVILLE State NC Zip Code 28546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798833
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 40 OF 199
	<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. SPRATT, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3245 S HELENA ST
 City AURORA State CO Zip Code 80013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 27 / 2017
Transaction ID : SA11AI-7800425
 Amount of Each Receipt this Period 200.00
 Memo Item

B. STANFORD, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9025
 City VERHALEN State TX Zip Code 79772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 25 / 2017
Transaction ID : SA11AI-7797081
 Amount of Each Receipt this Period 200.00
 Memo Item

C. STEGEL, PENN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9686 N EASY ST
 City HAYDEN LAKE State ID Zip Code 83835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2017
Transaction ID : SA11AI-7797099
 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 41 OF 199
	<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. STOCHLIA, STACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17912 CRIMSON CREST DR
 City ROWLAND HEIGHTS State CA Zip Code 91748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 01 / 2017
Transaction ID : SA11AI-7825173
 Amount of Each Receipt this Period 200.00
 Memo Item

B. TEAGUE, CLIFTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 661 BERING DR UNIT 509
 City HOUSTON State TX Zip Code 77057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 25 / 2017
Transaction ID : SA11AI-7797143
 Amount of Each Receipt this Period 200.00
 Memo Item

C. TINO, JOY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 ELM LN
 City JOHNSON CITY State TN Zip Code 37604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 01 / 2017
Transaction ID : SA11AI-7826087
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 42 OF 199
	<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. TRACY, DEANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1413 BRAMWELL RD
 City RICHMOND State VA Zip Code 23225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798959
 Amount of Each Receipt this Period 300.00
 Memo Item

B. TRIGGS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 JEFFERSON ST
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI-7798965
 Amount of Each Receipt this Period 100.00
 Memo Item

C. TRIGGS, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 JEFFERSON ST
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 13 / 2017
Transaction ID : SA11AI-7826315
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 199
<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. WESTMORELAND, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 10107
 City MIDLAND State TX Zip Code 79702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 01 / 2017
Transaction ID : SA11AI-7827605
 Amount of Each Receipt this Period 200.00
 Memo Item

B. WEYERHAEUSER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2007
 City BIGFORK State MT Zip Code 59911
 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 ▼ 200.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI-7802903
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WEYERHAEUSER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2007
 City BIGFORK State MT Zip Code 59911
 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 ▼ 200.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI-7833407
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 199
	<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. WILKINSON, NELSON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1320 ROBIN RD

City PIKESVILLE	State MD	Zip Code 21208
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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 ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2017

Transaction ID : SA11AI-7792373

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1320 ROBIN RD

City PIKESVILLE	State MD	Zip Code 21208
--------------------	-------------	-------------------

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 ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

Transaction ID : SA11AI-7837567

Amount of Each Receipt this Period
105.00

Memo Item

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

Mailing Address 5003 BORDENTOWN AVE
APT 1

City OLD BRIDGE	State NJ	Zip Code 08857
--------------------	-------------	-------------------

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

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

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
11		20		2017

Transaction ID : SA11AI-7827941

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1205.00
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 45 OF 199
	<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. WORTHINGTON, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7511 MILAN AVE

City SAINT LOUIS	State MO	Zip Code 63130
---------------------	-------------	-------------------

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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

Transaction ID : SA11AI-7792929

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 111 JOSEPH ST

City PIERRE PART	State LA	Zip Code 70339
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

Transaction ID : SA11AI-7800621

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 6573 CHERRY LEAF CT

City MASON	State OH	Zip Code 45040
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2017

Transaction ID : SA11AI-7828553

Amount of Each Receipt this Period
100.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 46 OF 199
(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
YORIO, CINDY, , ,

Mailing Address 6573 CHERRY LEAF CT

City MASON	State OH	Zip Code 45040
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	20	/	2017

Transaction ID : SA11AI-7843369

Amount of Each Receipt this Period
100.00

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).....	100.00
TOTAL This Period (last page this line number only).....	25200.00

**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 47 OF 199
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : SA11AI-7847267

Amount of Each Receipt this Period
2000.00

Memo Item
Payroll Assistance

B. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : SA11AI-7847269

Amount of Each Receipt this Period
4000.00

Memo Item
Payroll Assistance

C. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

Transaction ID : SA11AI-7847271

Amount of Each Receipt this Period
1808.06

Memo Item
Payroll Assistance

SUBTOTAL of Receipts This Page (optional).....	7808.06
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 48 OF 199
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

Transaction ID : SA11AI-7847273

Amount of Each Receipt this Period
3000.00

Memo Item
Payroll Assistance

B. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : SA11AI-7847275

Amount of Each Receipt this Period
3000.00

Memo Item
Payroll Assistance

C. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : SA11AI-7847277

Amount of Each Receipt this Period
2000.00

Memo Item
Payroll Assistance

SUBTOTAL of Receipts This Page (optional).....	8000.00
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 49 OF 199
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : SA11AI-7847279

Amount of Each Receipt this Period
10000.00

Memo Item
Payroll Assistance

B. STANDING BY VETERANS PAC INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 County Rd M

City Fredonia	State WI	Zip Code 53021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00622464

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50808.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI-7847281

Amount of Each Receipt this Period
25000.00

Memo Item
Payroll Assistance

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35000.00
TOTAL This Period (last page this line number only).....▶	50808.06

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Austin, Pete, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 1210 Hickory Dr.		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75673 Amount of Each Disbursement this Period [REDACTED] 106.38	
City Waukesha	State WI	Zip Code 83186	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Austin, Pete, , ,		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 1210 Hickory Dr.		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75675 Amount of Each Disbursement this Period [REDACTED] 820.80	
City Waukesha	State WI	Zip Code 83186	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Austin, Pete, , ,		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017	
Mailing Address 1210 Hickory Dr.		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75677 Amount of Each Disbursement this Period [REDACTED] 1085.34	
City Waukesha	State WI	Zip Code 83186	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2012.52
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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Form A: Balistreri, Michael J, , , Date of Disbursement 10/30/2017, FEC Identification Number C, Transaction ID: SB21B-75679, Amount: 170.12

Form B: Balistreri, Michael J, , , Date of Disbursement 11/03/2017, FEC Identification Number C, Transaction ID: SB21B-75681, Amount: 330.73

Form C: Balistreri, Michael J, , , Date of Disbursement 11/10/2017, FEC Identification Number C, Transaction ID: SB21B-7568, Amount: 301.35

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

802.20

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. Balistreri, Michael J, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 17 / 2017	
Mailing Address 7239 W Tripoli Avenue			FEC Identification Number C [] Transaction ID : SB21B-75685 Amount of Each Disbursement this Period [] 201.92	
City Milwaukee State WI Zip Code 53220	Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Category/Type 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. Bent, Thomas B, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 06 / 2017	
Mailing Address 2875 N 25th St			FEC Identification Number C [] Transaction ID : SB21B-75687 Amount of Each Disbursement this Period [] 215.41	
City Milwaukee State WI Zip Code 53206	Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Category/Type 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) C. Bent, Thomas B, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 13 / 2017	
Mailing Address 2875 N 25th St			FEC Identification Number C [] Transaction ID : SB21B-75688 Amount of Each Disbursement this Period [] 329.25	
City Milwaukee State WI Zip Code 53206	Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Category/Type 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 746.58	
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 St

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
11 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75691
Amount of Each Disbursement this Period
229.71

Memo Item

Full Name (Last, First, Middle Initial)

B. Bent, Thomas B, , ,

Mailing Address 2875 N 25th St

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
11 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75693
Amount of Each Disbursement this Period
143.97

Memo Item

Full Name (Last, First, Middle Initial)

C. Bent, Thomas B, , ,

Mailing Address 2875 N 25th St

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
12 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75691
Amount of Each Disbursement this Period
126.30

Memo Item

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

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

499.98

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

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

FOR LINE NUMBER:
(check only one)

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

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

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75697
 Amount of Each Disbursement this Period
 [] 126.30

Memo Item

Full Name (Last, First, Middle Initial)

B. Bent, Thomas B, , ,

Mailing Address 2875 N 25th St

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

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75699
 Amount of Each Disbursement this Period
 [] 299.71

Memo Item

Full Name (Last, First, Middle Initial)

C. Bent, Thomas B, , ,

Mailing Address 2875 N 25th St

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

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75701
 Amount of Each Disbursement this Period
 [] 296.12

Memo Item

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

[] 722.13

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 St

City Milwaukee

State WI

Zip Code 53206

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

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75703
Amount of Each Disbursement this Period
246.38

Memo Item

Full Name (Last, First, Middle Initial)

B. Bent, Thomas B, , ,

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

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

MM / DD / YYYY
12 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75705
Amount of Each Disbursement this Period
280.02

Memo Item

Full Name (Last, First, Middle Initial)

C. Cannestra, Larry, , ,

Mailing Address 1800 W Becher St
Apt 2011

City Milwaukee

State WI

Zip Code 53215

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

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75707
Amount of Each Disbursement this Period
101.58

Memo Item

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

627.98

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, , ,

Mailing Address 1800 W Becher St
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-75709
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Cannestra, Larry, , ,

Mailing Address 1800 W Becher St
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-75711
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Cannestra, Larry, , ,

Mailing Address 1800 W Becher St
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-75711
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 11 / 24 / 2017	
Mailing Address 1800 W Becher St Apt 2011			FEC Identification Number C [REDACTED] Transaction ID : SB21B-75715 Amount of Each Disbursement this Period [REDACTED] 94.19	
City Milwaukee	State WI	Zip Code 53215	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. Cannestra, Larry, , ,			Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 1800 W Becher St Apt 2011			FEC Identification Number C [REDACTED] Transaction ID : SB21B-75717 Amount of Each Disbursement this Period [REDACTED] 77.57	
City Milwaukee	State WI	Zip Code 53215	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. Cannestra, Larry, , ,			Date of Disbursement MM / DD / YYYY 12 / 14 / 2017	
Mailing Address 1800 W Becher St Apt 2011			FEC Identification Number C [REDACTED] Transaction ID : SB21B-75718 Amount of Each Disbursement this Period [REDACTED] 117.51	
City Milwaukee	State WI	Zip Code 53215	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 289.27
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Cannestra, Larry, , ,

Mailing Address 1800 W Becher St
Apt 2011

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

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

C

Transaction ID : SB21B-75721

Amount of Each Disbursement this Period

92.35

Memo Item

Full Name (Last, First, Middle Initial)

B. Cannestra, Larry, , ,

Mailing Address 1800 W Becher St
Apt 2011

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

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2017			

FEC Identification Number

C

Transaction ID : SB21B-75723

Amount of Each Disbursement this Period

103.35

Memo Item

Full Name (Last, First, Middle Initial)

C. Cannestra, Larry, , ,

Mailing Address 1800 W Becher St
Apt 2011

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

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C

Transaction ID : SB21B-7572!

Amount of Each Disbursement this Period

103.37

Memo Item

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

299.07

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. Clemens, John J, , ,		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017	
Mailing Address 2242 S Winchester St		FEC Identification Number C [] Transaction ID : SB21B-75731 Amount of Each Disbursement this Period [] 283.48	
City Milwaukee	State WI	Zip Code 53207	Category/ Type 001
Purpose of Disbursement 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:	

Full Name (Last, First, Middle Initial) B. Clemens, John J, , ,		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 2242 S Winchester St		FEC Identification Number C [] Transaction ID : SB21B-75733 Amount of Each Disbursement this Period [] 318.79	
City Milwaukee	State WI	Zip Code 53207	Category/ Type 001
Purpose of Disbursement 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:	

Full Name (Last, First, Middle Initial) C. Clemins, John J, , ,		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address 2242 S Winchester St		FEC Identification Number C [] Transaction ID : SB21B-75733 Amount of Each Disbursement this Period [] 366.86	
City Milwaukee	State WI	Zip Code 53207	Category/ Type 001
Purpose of Disbursement 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).....▶	[] 969.13
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. Clemins, John J, , ,

Mailing Address 2242 S Winchester St

City Milwaukee

State WI

Zip Code 53207

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-75735
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Clemins, John J, , ,

Mailing Address 2242 S Winchester St

City Milwaukee

State WI

Zip Code 53207

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-75739
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Dolister, Brian, , ,

Mailing Address 3751 E Planking Ave

City Cudahy

State WI

Zip Code 53115

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-75751
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 09 / 18 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [] Transaction ID : SB21B-75741 Amount of Each Disbursement this Period [] 337.66	
City Cudahy	State WI	Zip Code 53115	Category/Type 001	
Purpose of Disbursement Payroll		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) B. Dolister, Brian, , ,			Date of Disbursement MM / DD / YYYY 09 / 25 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [] Transaction ID : SB21B-75753 Amount of Each Disbursement this Period [] 226.72	
City Cudahy	State WI	Zip Code 53115	Category/Type 001	
Purpose of Disbursement Payroll		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) C. Dolister, Brian, , ,			Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [] Transaction ID : SB21B-96471 Amount of Each Disbursement this Period [] 219.07	
City Cudahy	State WI	Zip Code 53115	Category/Type 001	
Purpose of Disbursement Payroll		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 783.45	
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 M M / D D / Y Y Y Y Y 10 / 10 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [] Transaction ID : SB21B-75743 Amount of Each Disbursement this Period [] 336.06	
Purpose of Disbursement Payroll		Category/ Type 001	<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. Dolister, Brian, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 13 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [] Transaction ID : SB21B-75745 Amount of Each Disbursement this Period [] 239.83	
Purpose of Disbursement Payroll		Category/ Type 001	<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. Dolister, Brian, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 10 / 23 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [] Transaction ID : SB21B-75751 Amount of Each Disbursement this Period [] 318.88	
Purpose of Disbursement Payroll		Category/ Type 001	<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)..... ▶			[] 894.77	
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

A. Dolister, Brian, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75747

Amount of Each Disbursement this Period: 275.53

Memo Item

B. Dolister, Brian, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75757

Amount of Each Disbursement this Period: 221.62

Memo Item

C. Dolister, Brian, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75757

Amount of Each Disbursement this Period: 291.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 788.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial) A. Dolister, Brian, , ,			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 20 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [] Transaction ID : SB21B-75761 Amount of Each Disbursement this Period [] 296.58 <input type="checkbox"/> Memo Item	
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 M M / D D / Y Y Y Y Y Y 11 / 24 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [] Transaction ID : SB21B-75763 Amount of Each Disbursement this Period [] 302.96 <input type="checkbox"/> Memo Item	
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 M M / D D / Y Y Y Y Y Y 12 / 04 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [] Transaction ID : SB21B-75761 Amount of Each Disbursement this Period [] 105.17 <input type="checkbox"/> Memo Item	
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)..... ▶			[] 704.71	
TOTAL This Period (last page this line number only)..... ▶			[]	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial) A. Dolister, Brian, , ,		Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3751 E Planking Ave		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Cudahy	State WI	Zip Code 53115	
Purpose of Disbursement Payroll		<input type="text"/>	
Candidate Name		<input type="text"/>	
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: <input type="text"/> District: <input type="text"/>	<input type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) B. Dolister, Brian, , ,		Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3751 E Planking Ave		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Cudahy	State WI	Zip Code 53115	
Purpose of Disbursement Payroll		<input type="text"/>	
Candidate Name		<input type="text"/>	
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: <input type="text"/> District: <input type="text"/>	<input type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) C. Dolister, Brian, , ,		Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3751 E Planking Ave		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Cudahy	State WI	Zip Code 53115	
Purpose of Disbursement Payroll		<input type="text"/>	
Candidate Name		<input type="text"/>	
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: <input type="text"/> District: <input type="text"/>	<input type="checkbox"/> Memo Item		
SUBTOTAL of Disbursements This Page (optional)..... ▶		<input type="text"/>	
TOTAL This Period (last page this line number only)..... ▶		<input type="text"/>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Dolister, Brian, , ,

Mailing Address 3751 E Planking Ave

City
Cudahy

State
WI

Zip Code
53115

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
12			29			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75773
Amount of Each Disbursement this Period
[] 275.70

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

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75775
Amount of Each Disbursement this Period
[] 393.64

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

M	M	/	D	D	/	Y	Y	Y	Y
08			29			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75777
Amount of Each Disbursement this Period
[] 293.44

Memo Item

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

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

962.78

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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. 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
09 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75779
Amount of Each Disbursement this Period
423.20

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
09 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75781
Amount of Each Disbursement this Period
441.20

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
09 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B-7578:
Amount of Each Disbursement this Period
421.34

Memo Item

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

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

1285.74

**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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75785
Amount of Each Disbursement this Period
184.59

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B-96473
Amount of Each Disbursement this Period
401.26

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75785
Amount of Each Disbursement this Period
428.62

Memo Item

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

1014.47

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75789
Amount of Each Disbursement this Period
[] 410.95

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75791
Amount of Each Disbursement this Period
[] 78.50

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75793
Amount of Each Disbursement this Period
[] 420.19

Memo Item

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

909.64

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. 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	7		

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75795
 Amount of Each Disbursement this Period
 [REDACTED] 153.30

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	3			2	0	1	7		

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75797
 Amount of Each Disbursement this Period
 [REDACTED] 420.19

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	0			2	0	1	7		

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75798
 Amount of Each Disbursement this Period
 [REDACTED] 376.79

Memo Item

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

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

[REDACTED]	950.28
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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

A. Gosia, Dean L, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4132 N 61

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75801

Amount of Each Disbursement this Period: 320.00

Memo Item

B. Gosia, Dean L, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4132 N 61

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75803

Amount of Each Disbursement this Period: 244.26

Memo Item

C. Gosia, Dean L, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4132 N 61

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B-7580!

Amount of Each Disbursement this Period: 211.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 775.85

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75807

Amount of Each Disbursement this Period

455.98

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75809

Amount of Each Disbursement this Period

284.44

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75811

Amount of Each Disbursement this Period

134.83

Memo Item

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

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

875.25

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. Grover, Brandon M, , ,

Mailing Address 1011 Milwaukee Ave
Apt 5

City South Milwaukee State WI Zip Code 53172

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-75815
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Grover, Brandon M, , ,

Mailing Address 1011 Milwaukee Ave
Apt 5

City South Milwaukee State WI Zip Code 53172

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-75817
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Grover, Brandon M, , ,

Mailing Address 1011 Milwaukee Ave
Apt 5

City South Milwaukee State WI Zip Code 53172

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-75815
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. Hammen, Michelle M, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 17 / 2017	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75827 Amount of Each Disbursement this Period 115.44	
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. Hammen, Michelle M, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 17 / 2017	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75823 Amount of Each Disbursement this Period 106.56	
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. Hammen, Michelle M, , ,			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 17 / 2017	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-7582! Amount of Each Disbursement this Period 106.56	
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)..... ▶			328.56	
TOTAL This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial) A. Hammen, Michelle M, , ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75821 Amount of Each Disbursement this Period [REDACTED] 106.54	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Hammen, Michelle M, , ,		Date of Disbursement MM / DD / YYYY 11 / 24 / 2017	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75829 Amount of Each Disbursement this Period [REDACTED] 115.44	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Hammen, Michelle M, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75831 Amount of Each Disbursement this Period [REDACTED] 115.43	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

337.41

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. Hammen, Michelle M, , ,		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75833 Amount of Each Disbursement this Period [REDACTED] 115.44	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement 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:			

Full Name (Last, First, Middle Initial) B. Harris, Thomas O, , ,		Date of Disbursement MM / DD / YYYY 09 / 11 / 2017	
Mailing Address 828A W Galena St #11		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75833 Amount of Each Disbursement this Period [REDACTED] 475.54	
City Milwaukee	State WI	Zip Code 53205	Category/ Type 001
Purpose of Disbursement 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:			

Full Name (Last, First, Middle Initial) C. Harris, Thomas O, , ,		Date of Disbursement MM / DD / YYYY 09 / 25 / 2017	
Mailing Address 828A W Galena St #11		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75833 Amount of Each Disbursement this Period [REDACTED] 415.01	
City Milwaukee	State WI	Zip Code 53205	Category/ Type 001
Purpose of Disbursement 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)..... ▶

1005.99

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
10			02			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-96471

Amount of Each Disbursement this Period

[REDACTED] 405.52

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
10			10			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75841

Amount of Each Disbursement this Period

[REDACTED] 459.85

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
10			16			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7584:

Amount of Each Disbursement this Period

[REDACTED] 398.66

Memo Item

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

[REDACTED] 1264.03

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

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75845
Amount of Each Disbursement this Period
[REDACTED] 76.59

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
10			30			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75847
Amount of Each Disbursement this Period
[REDACTED] 406.59

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
11			06			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75848
Amount of Each Disbursement this Period
[REDACTED] 438.53

Memo Item

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

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

[REDACTED]	921.71
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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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75851
Amount of Each Disbursement this Period
460.38

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75853
Amount of Each Disbursement this Period
304.47

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75851
Amount of Each Disbursement this Period
280.61

Memo Item

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

1045.46

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. 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
12			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75857

Amount of Each Disbursement this Period

116.41

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
12			08			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75859

Amount of Each Disbursement this Period

535.74

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
12			18			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75861

Amount of Each Disbursement this Period

278.52

Memo Item

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

930.67

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. 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-75863
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-75865
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Huffman, Royce E, , ,

Mailing Address 1653 S 22nd St
#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-75871
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 St
#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-75873
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman, Royce E, , ,

Mailing Address 1653 S 22nd St
#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-75875
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Huffman, Royce E, , ,

Mailing Address 1653 S 22nd St
#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-75875
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 St
#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

Transaction ID : SB21B-75877
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman, Royce E, , ,

Mailing Address 1653 S 22nd St
#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

Transaction ID : SB21B-75881
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Huffman, Royce E, , ,

Mailing Address 1653 S 22nd St
#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

Transaction ID : SB21B-7588:
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 St
#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 / D D / Y Y Y Y Y Y
12 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75885
Amount of Each Disbursement this Period
373.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman, Royce E, , ,

Mailing Address 1653 S 22nd St
#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 / D D / Y Y Y Y Y Y
12 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75887
Amount of Each Disbursement this Period
359.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Huffman, Royce E, , ,

Mailing Address 1653 S 22nd St
#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 / D D / Y Y Y Y Y Y
12 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75888
Amount of Each Disbursement this Period
383.86

Memo Item

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

1117.06

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 08 / 21 / 2017	
Mailing Address 2302 - 12th Avenue #18				FEC Identification Number C [] Transaction ID : SB21B-75891 Amount of Each Disbursement this Period [] 337.54	
City South Milwaukee	State WI	Zip Code 53172		Category/Type 001	
Purpose of Disbursement 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:		
Full Name (Last, First, Middle Initial) B. Kexel, James L, , ,				Date of Disbursement MM / DD / YYYY 08 / 28 / 2017	
Mailing Address 2302 - 12th Avenue #18				FEC Identification Number C [] Transaction ID : SB21B-75893 Amount of Each Disbursement this Period [] 398.95	
City South Milwaukee	State WI	Zip Code 53172		Category/Type 001	
Purpose of Disbursement 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:		
Full Name (Last, First, Middle Initial) C. Kexel, James L, , ,				Date of Disbursement MM / DD / YYYY 09 / 05 / 2017	
Mailing Address 2302 - 12th Avenue #18				FEC Identification Number C [] Transaction ID : SB21B-75891 Amount of Each Disbursement this Period [] 384.98	
City South Milwaukee	State WI	Zip Code 53172		Category/Type 001	
Purpose of Disbursement 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)..... ▶				[] 1121.47	
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 09 / 11 / 2017	
Mailing Address 2302 - 12th Avenue #18				FEC Identification Number C [] Transaction ID : SB21B-75897 Amount of Each Disbursement this Period [] 390.64	
City South Milwaukee	State WI	Zip Code 53172		Category/Type 001	
Purpose of Disbursement 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:		
Full Name (Last, First, Middle Initial) B. Kexel, James L, , ,				Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 2302 - 12th Avenue #18				FEC Identification Number C [] Transaction ID : SB21B-75899 Amount of Each Disbursement this Period [] 370.89	
City South Milwaukee	State WI	Zip Code 53172		Category/Type 001	
Purpose of Disbursement 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:		
Full Name (Last, First, Middle Initial) C. Kexel, James L, , ,				Date of Disbursement MM / DD / YYYY 09 / 25 / 2017	
Mailing Address 2302 - 12th Avenue #18				FEC Identification Number C [] Transaction ID : SB21B-75901 Amount of Each Disbursement this Period [] 281.45	
City South Milwaukee	State WI	Zip Code 53172		Category/Type 001	
Purpose of Disbursement 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)..... ▶				[] 1042.98	
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 10 / 02 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-96475 Amount of Each Disbursement this Period [REDACTED] 350.46	
City South Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75903 Amount of Each Disbursement this Period [REDACTED] 342.51	
City South Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 10 / 16 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-7590! Amount of Each Disbursement this Period [REDACTED] 333.21	
City South Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1026.18
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75907	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 352.52
Purpose of Disbursement Payroll		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75909	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 353.58
Purpose of Disbursement Payroll		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75911	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 369.34
Purpose of Disbursement Payroll		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1075.44
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75913 Amount of Each Disbursement this Period [REDACTED] 390.58	
City South Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75915 Amount of Each Disbursement this Period [REDACTED] 376.42	
City South Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Kexel, James L, , ,		Date of Disbursement MM / DD / YYYY 11 / 24 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75917 Amount of Each Disbursement this Period [REDACTED] 330.83	
City South Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1097.83
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Kexel, James L, , ,

Mailing Address 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

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C

Transaction ID : SB21B-75919

Amount of Each Disbursement this Period

202.04

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

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

C

Transaction ID : SB21B-75921

Amount of Each Disbursement this Period

403.68

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

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C

Transaction ID : SB21B-7592:

Amount of Each Disbursement this Period

367.20

Memo Item

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

972.92

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. Kexel, James L, , ,

Mailing Address 2302 - 12th Avenue
#18

City South Milwaukee State WI Zip Code 53172

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-75925
Amount of Each Disbursement this Period

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

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-75927
Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75931
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. 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

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75933

Amount of Each Disbursement this Period

[REDACTED] 316.75

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

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75935

Amount of Each Disbursement this Period

[REDACTED] 331.15

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

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75937

Amount of Each Disbursement this Period

[REDACTED] 354.62

Memo Item

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

[REDACTED] 1002.52

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

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
1	1	1		2	4			2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B-75939
 Amount of Each Disbursement this Period
 [] 317.09

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B-75941
 Amount of Each Disbursement this Period
 [] 174.47

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B-7594:
 Amount of Each Disbursement this Period
 [] 357.72

Memo Item

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

[] 849.28

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

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75945
 Amount of Each Disbursement this Period
 [] 133.72

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

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75947
 Amount of Each Disbursement this Period
 [] 275.16

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

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75948
 Amount of Each Disbursement this Period
 [] 258.94

Memo Item

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

[] 667.82

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. Mroz, Josh M, , ,

Mailing Address 455 N 39th St
Apt 3

City Milwaukee State WI Zip Code 53208

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-75951
Amount of Each Disbursement this Period

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

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-75953
Amount of Each Disbursement this Period

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

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-75951
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. Nowak, Justin, , ,			Date of Disbursement MM / DD / YYYY 08 / 28 / 2017	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75957 Amount of Each Disbursement this Period [REDACTED] 190.87	
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 09 / 06 / 2017	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75959 Amount of Each Disbursement this Period [REDACTED] 153.31	
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 09 / 11 / 2017	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75961 Amount of Each Disbursement this Period [REDACTED] 212.40	
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] 556.58	
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
09 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75963
Amount of Each Disbursement this Period
192.91

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
09 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75965
Amount of Each Disbursement this Period
89.69

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
10 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75966
Amount of Each Disbursement this Period
131.23

Memo Item

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

413.83

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
10 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75969
Amount of Each Disbursement this Period
150.22

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
10 / 16 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75971
Amount of Each Disbursement this Period
147.47

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
10 / 23 / 2017

FEC Identification Number

C
Transaction ID : SB21B-7597:
Amount of Each Disbursement this Period
51.71

Memo Item

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

349.40

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. 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

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75975
 Amount of Each Disbursement this Period
 [] 163.33

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

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75977
 Amount of Each Disbursement this Period
 [] 24.24

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

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75975
 Amount of Each Disbursement this Period
 [] 174.77

Memo Item

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

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

362.34

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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. 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
11 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75981
Amount of Each Disbursement this Period
214.62

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
11 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75983
Amount of Each Disbursement this Period
47.59

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
12 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75981
Amount of Each Disbursement this Period
28.29

Memo Item

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

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

290.50

**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 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75987

Amount of Each Disbursement this Period

[Redacted] 183.70

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75989

Amount of Each Disbursement this Period

[Redacted] 149.25

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75991

Amount of Each Disbursement this Period

[Redacted] 221.31

Memo Item

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

[Redacted] 554.26

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

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75993
 Amount of Each Disbursement this Period
 [] 76.67

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

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75997
 Amount of Each Disbursement this Period
 [] 298.53

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

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2017			

FEC Identification Number

C []
Transaction ID : SB21B-7599!
 Amount of Each Disbursement this Period
 [] 179.50

Memo Item

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

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

554.70

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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. Ostoich, Michael J, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

Mailing Address 6547 Greenway
#1

City
Greendale

State
WI

Zip Code
53129

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75999
Amount of Each Disbursement this Period

[REDACTED] 157.96

Memo Item

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ostoich, Michael J, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

Mailing Address 6547 Greenway
#1

City
Greendale

State
WI

Zip Code
53129

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-76003
Amount of Each Disbursement this Period

[REDACTED] 323.04

Memo Item

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Ostoich, Michael J, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2017			

Mailing Address 6547 Greenway
#1

City
Greendale

State
WI

Zip Code
53129

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-76001
Amount of Each Disbursement this Period

[REDACTED] 317.04

Memo Item

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

[REDACTED] 798.04

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. 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-76005
 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-76007
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Petrovich, Michael V, , ,

Mailing Address 6869 Crocus Crt Apt 2

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-76008
 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

<p>Full Name (Last, First, Middle Initial) A. Piaro, Robert R, , ,</p> <p>Mailing Address 8444 County Road M</p> <p>City Fredonia State WI Zip Code 53021</p> <p>Purpose of Disbursement Payroll <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement MM / DD / YYYY 11 / 01 / 2017</p> <p>FEC Identification Number C Transaction ID : SB21B-76011 Amount of Each Disbursement this Period 747.25</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) B. Piaro, Robert R, , ,</p> <p>Mailing Address 8444 County Road M</p> <p>City Fredonia State WI Zip Code 53021</p> <p>Purpose of Disbursement Payroll <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement MM / DD / YYYY 11 / 03 / 2017</p> <p>FEC Identification Number C Transaction ID : SB21B-76013 Amount of Each Disbursement this Period 747.26</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) C. Piaro, Robert R, , ,</p> <p>Mailing Address 8444 County Road M</p> <p>City Fredonia State WI Zip Code 53021</p> <p>Purpose of Disbursement Payroll <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement MM / DD / YYYY 11 / 14 / 2017</p> <p>FEC Identification Number C Transaction ID : SB21B-76011 Amount of Each Disbursement this Period 747.24</p> <p><input type="checkbox"/> Memo Item</p>
<p>SUBTOTAL of Disbursements This Page (optional)..... ▶</p>			2241.75
<p>TOTAL This Period (last page this line number only)..... ▶</p>			

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Piaro, Robert R, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

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: 11 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B-76017

Amount of Each Disbursement this Period: 774.11

Memo Item

B. Piaro, Robert R, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

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: 11 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B-76019

Amount of Each Disbursement this Period: 1467.28

Memo Item

C. Piaro, Robert R, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

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: 12 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B-76021

Amount of Each Disbursement this Period: 1467.27

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3708.66

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. Ricco, Michael, , ,

Mailing Address 3029 NW 120th Way

City Sunrise State FL Zip Code 33323

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-76025
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ricco, Michael, , ,

Mailing Address 3029 NW 120th Way

City Sunrise State FL Zip Code 33323

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-76027
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ricco, Michael, , ,

Mailing Address 3029 NW 120th Way

City Sunrise State FL Zip Code 33323

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-76025
 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. Stetler, Melissa L, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-76031
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa L, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-76035
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stetler, Melissa L, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-76037
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. Stetler, Melissa L, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 20 / 2017

FEC Identification Number
C
Transaction ID : **SB21B-76033**
Amount of Each Disbursement this Period
106.33

Memo Item

Full Name (Last, First, Middle Initial)

B. Stetler, Melissa L, , ,

Mailing Address 520 Random Lake Rd.
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 24 / 2017

FEC Identification Number
C
Transaction ID : **SB21B-76039**
Amount of Each Disbursement this Period
114.85

Memo Item

Full Name (Last, First, Middle Initial)

C. Sullivan, William J IV, , ,

Mailing Address 8825 S 11th Avenue

City Oak Creek State WI Zip Code 53145

Purpose of Disbursement Payroll 001
Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 21 / 2017

FEC Identification Number
C
Transaction ID : **SB21B-76047**
Amount of Each Disbursement this Period
547.00

Memo Item

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

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

768.18

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

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

FOR LINE NUMBER:
(check only one)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C

Transaction ID : SB21B-75147
Amount of Each Disbursement this Period

597.93

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees 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. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C

Transaction ID : SB21B-75145
Amount of Each Disbursement this Period

220.14

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees 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. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C

Transaction ID : SB21B-75145
Amount of Each Disbursement this Period

47.54

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees 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)..... ▶

865.61

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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. ADP		Date of Disbursement MM / DD / YYYY 07 / 13 / 2017
Mailing Address 100 NorthWest Point Blvd		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75153
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing Fees		Amount of Each Disbursement this Period 548.53
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement MM / DD / YYYY 07 / 13 / 2017
Mailing Address 100 NorthWest Point Blvd		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75151
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing Fees		Amount of Each Disbursement this Period 191.36
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 100 NorthWest Point Blvd		FEC Identification Number C [REDACTED] Transaction ID : SB21B-75151
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing Fees		Amount of Each Disbursement this Period 47.54
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....▶	787.43
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. ADP

Mailing Address 100 NorthWest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

001

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75157

Amount of Each Disbursement this Period

0.20

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 100 NorthWest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

001

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75159

Amount of Each Disbursement this Period

0.20

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 100 NorthWest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

001

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75161

Amount of Each Disbursement this Period

47.54

Memo Item

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

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

47.94

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

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

FOR LINE NUMBER: (check only one)

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

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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	7		2	7		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75163

Amount of Each Disbursement this Period

901.29

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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	8		0	3		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75165

Amount of Each Disbursement this Period

859.52

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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	8		1	0		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75167

Amount of Each Disbursement this Period

932.27

Memo Item

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

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

2693.08

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75169
Amount of Each Disbursement this Period

[REDACTED] 1356.30

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

001
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75171
Amount of Each Disbursement this Period

[REDACTED] 1310.99

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

001
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75171
Amount of Each Disbursement this Period

[REDACTED] 1301.18

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

001
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[REDACTED] 3968.47

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. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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	9		1	4		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75175

Amount of Each Disbursement this Period

1838.21

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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	9		2	1		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75179

Amount of Each Disbursement this Period

1381.81

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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	9		2	1		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75177

Amount of Each Disbursement this Period

23.09

Memo Item

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

3243.11

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. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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
09	/	28	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75181
Amount of Each Disbursement this Period
[] 1520.23

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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
10	/	05	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75183
Amount of Each Disbursement this Period
[] 1398.67

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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
10	/	12	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75181
Amount of Each Disbursement this Period
[] 1504.50

Memo Item

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

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

4423.40

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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. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75187

Amount of Each Disbursement this Period

[REDACTED] 1462.80

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

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. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75189

Amount of Each Disbursement this Period

[REDACTED] 3421.96

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

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. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75191

Amount of Each Disbursement this Period

[REDACTED] 3456.95

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Payroll Processing Fees

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] 8341.71

[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. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2017			

FEC Identification Number

C

Transaction ID : SB21B-75193

Amount of Each Disbursement this Period

3963.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2017			

FEC Identification Number

C

Transaction ID : SB21B-75195

Amount of Each Disbursement this Period

3740.95

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2017			

FEC Identification Number

C

Transaction ID : SB21B-75197

Amount of Each Disbursement this Period

3913.50

Memo Item

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

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

11617.75

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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
1	1		3	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75199

Amount of Each Disbursement this Period

[REDACTED] 2906.38

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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
1	2		0	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75201

Amount of Each Disbursement this Period

[REDACTED] 5605.88

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

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
1	2		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75201

Amount of Each Disbursement this Period

[REDACTED] 6038.81

Memo Item

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

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

[REDACTED] 14551.07

[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. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75205

Amount of Each Disbursement this Period

[REDACTED] 6140.81

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 100 NorthWest Point Blvd

City
Elk Grove Village

State
IL

Zip Code
60007

Purpose of Disbursement
Payroll Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75207

Amount of Each Disbursement this Period

[REDACTED] 5615.43

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 650448?

City
Dallas

State
TX

Zip Code
75265-0448

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75205

Amount of Each Disbursement this Period

[REDACTED] 1438.37

Memo Item

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

[REDACTED] 13194.61

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 Express

Mailing Address P.O. Box 650448?

City
Dallas

State
TX

Zip Code
75265-0448

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2017			

FEC Identification Number

C

Transaction ID : SB21B-75211

Amount of Each Disbursement this Period

393.35

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 947

City
American Fork

State
UT

Zip Code
84003-0947

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
07			05			2017			

FEC Identification Number

C

Transaction ID : SB21B-75213

Amount of Each Disbursement this Period

54.99

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 947

City
American Fork

State
UT

Zip Code
84003-0947

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
08			02			2017			

FEC Identification Number

C

Transaction ID : SB21B-75211

Amount of Each Disbursement this Period

50.65

Memo Item

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

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

498.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 947

City
American Fork

State
UT

Zip Code
84003-0947

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	9		0	5		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75217

Amount of Each Disbursement this Period

43.65

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 947

City
American Fork

State
UT

Zip Code
84003-0947

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
1	0		0	3		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75219

Amount of Each Disbursement this Period

40.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address PO Box 947

City
American Fork

State
UT

Zip Code
84003-0947

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
1	1		0	2		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75221

Amount of Each Disbursement this Period

62.97

Memo Item

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

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

147.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address PO Box 947

City
American Fork

State
UT

Zip Code
84003-0947

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75225

Amount of Each Disbursement this Period

57.23

Memo Item

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address PO Box 947

City
American Fork

State
UT

Zip Code
84003-0947

Purpose of Disbursement
Credit Card Fee/Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75223

Amount of Each Disbursement this Period

11.17

Memo Item

Full Name (Last, First, Middle Initial)

C. Bhagat Properties

Mailing Address P O Box 131

City
S. Milwaukee

State
WI

Zip Code
53173

Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75227

Amount of Each Disbursement this Period

837.00

Memo Item

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

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

905.40

--

**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. Bhagat Properties

Mailing Address P O Box 131

City
S. Milwaukee

State
WI

Zip Code
53173

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75229
Amount of Each Disbursement this Period
[REDACTED] 837.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Computerwild Inc.

Mailing Address 1430 W Tori Rae Dr

City
Spokane

State
WA

Zip Code
99218

Purpose of Disbursement
Computer (Equipment/Programming/Support)

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75233
Amount of Each Disbursement this Period
[REDACTED] 632.60

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			26			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75231
Amount of Each Disbursement this Period
[REDACTED] 40.61

Memo Item

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

1510.21

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. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75237
Amount of Each Disbursement this Period
[] 43.16

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	07	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75239
Amount of Each Disbursement this Period
[] 400.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	09	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75241
Amount of Each Disbursement this Period
[] 43.16

Memo Item

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

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

486.32

--

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
08		16		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75243

Amount of Each Disbursement this Period

45.62

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

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
08		21		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75245

Amount of Each Disbursement this Period

400.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

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
08		23		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75247

Amount of Each Disbursement this Period

58.96

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

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

504.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75249

Amount of Each Disbursement this Period

53.54

Memo Item

Candidate Name

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
09		05		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75251

Amount of Each Disbursement this Period

435.80

Memo Item

Candidate Name

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
09		06		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-7525:

Amount of Each Disbursement this Period

53.54

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

542.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1868

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-75255
Amount of Each Disbursement this Period
1459.31

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
09		12		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-75257
Amount of Each Disbursement this Period
1459.31

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
09		13		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-75255
Amount of Each Disbursement this Period
70.53

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

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

2989.15

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
09		20		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75263

Amount of Each Disbursement this Period

400.00

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
09		20		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75261

Amount of Each Disbursement this Period

66.88

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
09		27		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75261

Amount of Each Disbursement this Period

68.43

Memo Item

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)..... ▶

535.31

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75267

Amount of Each Disbursement this Period

67.14

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75269

Amount of Each Disbursement this Period

450.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75271

Amount of Each Disbursement this Period

67.14

Memo Item

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

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

584.28

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
10		18		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75273

Amount of Each Disbursement this Period

70.04

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
10		20		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75275

Amount of Each Disbursement this Period

145.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
10		25		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75277

Amount of Each Disbursement this Period

73.57

Memo Item

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)..... ▶

288.61

--

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
11	/	01	/	2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75279

Amount of Each Disbursement this Period

125.98

Memo Item

Candidate Name

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
11	/	06	/	2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75281

Amount of Each Disbursement this Period

245.00

Memo Item

Candidate Name

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
11	/	08	/	2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-7528:

Amount of Each Disbursement this Period

127.00

Memo Item

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

497.98

--

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75285
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75287
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75288
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75291
Amount of Each Disbursement this Period
[] 259.80

Memo Item

Full Name (Last, First, Middle Initial)

B. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75293
Amount of Each Disbursement this Period
[] 124.53

Memo Item

Full Name (Last, First, Middle Initial)

C. EWH Small Business Accounting S.C.

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75291
Amount of Each Disbursement this Period
[] 129.25

Memo Item

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

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

513.58

--

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
12		20		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75297
Amount of Each Disbursement this Period

130.00

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
12		28		2017

Mailing Address 20670 Watertown Rd
Ste 1040

City
Waukesha

State
WI

Zip Code
53186-1867

Purpose of Disbursement
Accounting Services

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75299
Amount of Each Disbursement this Period

130.75

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Fox, O'Neill & Shannon SC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2017

Mailing Address 622 N Water St.
Suite 500

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement
Legal

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B-75301
Amount of Each Disbursement this Period

778.75

Memo Item

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)..... ▶

1039.50

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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. Fox, O'Neill & Shannon SC

Mailing Address 622 N Water St.
Suite 500

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement Legal

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75305
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Fox, O'Neill & Shannon SC

Mailing Address 622 N Water St.
Suite 500

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement Legal

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75307
Amount of Each Disbursement this Period
3364.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Fox, O'Neill & Shannon SC

Mailing Address 622 N Water St.
Suite 500

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement Legal

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75308
Amount of Each Disbursement this Period
1376.00

Memo Item

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

5740.50

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. Fox, O'Neill & Shannon SC

Mailing Address 622 N Water St.
Suite 500

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement Legal

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
12 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75311
Amount of Each Disbursement this Period
1558.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Frontier Communications

Mailing Address PO Box 740407

City Cincinnati

State OH

Zip Code 45274

Purpose of Disbursement Phone/Internet Services

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
07 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75313
Amount of Each Disbursement this Period
42.42

Memo Item

Full Name (Last, First, Middle Initial)

C. Frontier Communications

Mailing Address PO Box 740407

City Cincinnati

State OH

Zip Code 45274

Purpose of Disbursement Phone/Internet Services

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
08 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75311
Amount of Each Disbursement this Period
42.20

Memo Item

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

1643.37

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. Frontier Communications

Mailing Address PO Box 740407

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement Phone/Internet Services

001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75317
Amount of Each Disbursement this Period
42.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Frontier Communications

Mailing Address PO Box 740407

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement Phone/Internet Services

001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75319
Amount of Each Disbursement this Period
42.83

Memo Item

Full Name (Last, First, Middle Initial)

C. Frontier Communications

Mailing Address PO Box 740407

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement Phone/Internet Services

001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75321
Amount of Each Disbursement this Period
42.83

Memo Item

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

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

127.86

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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. Frontier Communications

Mailing Address PO Box 740407

City Cincinnati

State OH

Zip Code 45274

Purpose of Disbursement Phone/Internet Services

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75323
Amount of Each Disbursement this Period
42.83

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75325
Amount of Each Disbursement this Period
366.48

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75327
Amount of Each Disbursement this Period
372.31

Memo Item

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

781.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75329

Amount of Each Disbursement this Period

345.22

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75331

Amount of Each Disbursement this Period

453.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C

Transaction ID : SB21B-7533:

Amount of Each Disbursement this Period

739.63

Memo Item

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

1538.35

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		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-75335 Amount of Each Disbursement this Period [] 558.03	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-75337 Amount of Each Disbursement this Period [] 566.68	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-75338 Amount of Each Disbursement this Period [] 794.78	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1919.49
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75341
 Amount of Each Disbursement this Period
 805.74

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75345
 Amount of Each Disbursement this Period
 659.44

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B-7534:
 Amount of Each Disbursement this Period
 3.82

Memo Item

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

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

1469.00

**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. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75347

Amount of Each Disbursement this Period

[REDACTED] 754.58

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75349

Amount of Each Disbursement this Period

[REDACTED] 760.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75351

Amount of Each Disbursement this Period

[REDACTED] 801.36

Memo Item

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

[REDACTED] 2316.74

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 10 / 25 / 2017	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-75353 Amount of Each Disbursement this Period [] 711.90	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-75355 Amount of Each Disbursement this Period [] 1657.86	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-75357 Amount of Each Disbursement this Period [] 128.54	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type 001
Purpose of Disbursement Federal Payroll Withholding			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2498.30
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75359

Amount of Each Disbursement this Period

[REDACTED] 35.28

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75361

Amount of Each Disbursement this Period

[REDACTED] 1687.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7536:

Amount of Each Disbursement this Period

[REDACTED] 1991.79

Memo Item

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

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

[REDACTED] 3714.67

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75365
Amount of Each Disbursement this Period
1869.01

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75367
Amount of Each Disbursement this Period
2083.16

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75366
Amount of Each Disbursement this Period
1513.48

Memo Item

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

5465.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75371
Amount of Each Disbursement this Period
2335.97

Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75373
Amount of Each Disbursement this Period
2353.59

Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement
Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B-7537!
Amount of Each Disbursement this Period
2231.71

Memo Item

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

6921.27

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804522

City Cincinnati State OH Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

Transaction ID : SB21B-75377
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Legal Zoom

Mailing Address 101 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement Legal

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
07			18			2017			

FEC Identification Number

Transaction ID : SB21B-76951
 Amount of Each Disbursement this Period

Credit Card Purchase

Memo Item

Full Name (Last, First, Middle Initial)

C. Legal Zoom

Mailing Address 101 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement Legal

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
07			22			2017			

FEC Identification Number

Transaction ID : SB21B-7695:
 Amount of Each Disbursement this Period

Credit Card Purchase

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Legal Zoom

Mailing Address 101 N Brand Blvd

City
Glendale

State
CA

Zip Code
91203

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B-76955
Amount of Each Disbursement this Period
[] 15.99

Credit Card Purchase

Memo Item

Full Name (Last, First, Middle Initial)

B. Legal Zoom

Mailing Address 101 N Brand Blvd

City
Glendale

State
CA

Zip Code
91203

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B-76957
Amount of Each Disbursement this Period
[] 15.99

Credit Card Purchase

Memo Item

Full Name (Last, First, Middle Initial)

C. Legal Zoom

Mailing Address 101 N Brand Blvd

City
Glendale

State
CA

Zip Code
91203

Purpose of Disbursement
Legal

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B-7696:
Amount of Each Disbursement this Period
[] 15.99

Credit Card Purchase

Memo Item

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

[]	0.00
-----	------

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

[]	
-----	--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Legal Zoom

Mailing Address 101 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement Legal

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-76965
 Amount of Each Disbursement this Period

Memo Item
 Credit Card Purchase

Full Name (Last, First, Middle Initial)

B. Leland Lutfy

Mailing Address 530 South 7th St.

City Las Vegas State NV Zip Code 89101

Purpose of Disbursement Legal

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-75379
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions 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-75381
 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. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75383
 Amount of Each Disbursement this Period
 128.03

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75385
 Amount of Each Disbursement this Period
 174.43

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75387
 Amount of Each Disbursement this Period
 111.50

Memo Item

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

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

413.96

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

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

FOR LINE NUMBER: (check only one)

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

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75389
 Amount of Each Disbursement this Period
 130.34

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75391
 Amount of Each Disbursement this Period
 56.93

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th ST

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B-7539:
 Amount of Each Disbursement this Period
 187.27

Memo Item

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

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

374.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Campaign Literature

006

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	8		1	8		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75395

Amount of Each Disbursement this Period

102.56

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Campaign Literature

006

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	8		2	5		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75397

Amount of Each Disbursement this Period

69.11

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Campaign Literature

006

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	9		0	1		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75395

Amount of Each Disbursement this Period

40.54

Memo Item

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

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

212.21

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Campaign Literature

006

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75401

Amount of Each Disbursement this Period

102.79

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Campaign Literature

006

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75403

Amount of Each Disbursement this Period

79.40

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Campaign Literature

006

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2017

FEC Identification Number

C

Transaction ID : SB21B-7540!

Amount of Each Disbursement this Period

38.34

Memo Item

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

220.53

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 Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2017

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75407

Amount of Each Disbursement this Period

[REDACTED] 49.83

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	06	/	2017

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75409

Amount of Each Disbursement this Period

[REDACTED] 120.16

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	13	/	2017

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75411

Amount of Each Disbursement this Period

[REDACTED] 210.83

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/Type

Candidate Name

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

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

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

[REDACTED] 380.82

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions 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-75413
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions 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-75415
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions 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-75417
 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. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75419
Amount of Each Disbursement this Period
320.62

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75421
Amount of Each Disbursement this Period
83.92

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B-7542:
Amount of Each Disbursement this Period
444.63

Memo Item

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

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

849.17

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75425
Amount of Each Disbursement this Period
291.95

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75427
Amount of Each Disbursement this Period
67.49

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

006

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75428
Amount of Each Disbursement this Period
439.55

Memo Item

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

798.99

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 Solutions 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-75431
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions 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-75433
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75431
 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. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	7			2	0	1	7	

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75437

Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 856177

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Credit Card Payment

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
0	7				3	1			2	0	1	7	

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75441

Amount of Each Disbursement this Period

[REDACTED] 15.99

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1			2	0	1	7	

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7544:

Amount of Each Disbursement this Period

[REDACTED] 68.95

Memo Item

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

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

[REDACTED] 119.94

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75447

Amount of Each Disbursement this Period

[REDACTED] 263.28

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75445

Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 856177

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Credit Card Payment

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	8		1	6		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75451

Amount of Each Disbursement this Period

[REDACTED] 159.00

Memo Item

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

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

[REDACTED] 472.28

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 856177

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Credit Card Payment

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
08	/	21	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75453
Amount of Each Disbursement this Period
[] 799.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75455
Amount of Each Disbursement this Period
[] 66.89

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2017

FEC Identification Number

C []
Transaction ID : SB21B-75457
Amount of Each Disbursement this Period
[] 133.04

Memo Item

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

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

998.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75459
Amount of Each Disbursement this Period
36.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75461
Amount of Each Disbursement this Period
36.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B-7546:
Amount of Each Disbursement this Period
66.82

Memo Item

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

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

138.82

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2017			

FEC Identification Number

C

Transaction ID : SB21B-75467

Amount of Each Disbursement this Period

312.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2017			

FEC Identification Number

C

Transaction ID : SB21B-75465

Amount of Each Disbursement this Period

97.98

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2017			

FEC Identification Number

C

Transaction ID : SB21B-75466

Amount of Each Disbursement this Period

20.00

Memo Item

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

429.98

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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

C

Transaction ID : SB21B-75473

Amount of Each Disbursement this Period

62.32

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

C

Transaction ID : SB21B-75471

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2017			

FEC Identification Number

C

Transaction ID : SB21B-7548:

Amount of Each Disbursement this Period

1875.88

Memo Item

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

1958.20

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. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75481

Amount of Each Disbursement this Period: 1289.42

Memo Item

Full Name (Last, First, Middle Initial)
B. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75479

Amount of Each Disbursement this Period: 857.08

Memo Item

Full Name (Last, First, Middle Initial)
C. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee/Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75477

Amount of Each Disbursement this Period: 210.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2357.38

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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B-75475
Amount of Each Disbursement this Period
[] 0.49

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B-75485
Amount of Each Disbursement this Period
[] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee

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
1	1		0	9		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B-75487
Amount of Each Disbursement this Period
[] 100.00

Memo Item

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

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

3	0	0	4	9
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75489

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75497

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-7549:

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75495

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75491

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75501

Amount of Each Disbursement this Period

55.00

Memo Item

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

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

95.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2017			

FEC Identification Number

C

Transaction ID : SB21B-75499

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2017			

FEC Identification Number

C

Transaction ID : SB21B-75503

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2017			

FEC Identification Number

C

Transaction ID : SB21B-7550!

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

85.00

--

**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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75509

Amount of Each Disbursement this Period

3	0	.	0	3
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75507

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75511

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Memo Item

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

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

1	0	.	5	0	3
---	---	---	---	---	---

1	0	.	5	0	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. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75519
Amount of Each Disbursement this Period
[REDACTED] 2005.38

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75517
Amount of Each Disbursement this Period
[REDACTED] 1473.68

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-75511
Amount of Each Disbursement this Period
[REDACTED] 754.78

Memo Item

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

4233.84

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. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C

Transaction ID : SB21B-75513

Amount of Each Disbursement this Period

156.80

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2017			

FEC Identification Number

C

Transaction ID : SB21B-75521

Amount of Each Disbursement this Period

140.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C

Transaction ID : SB21B-75521

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)..... ▶

326.80

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C

Transaction ID : SB21B-75523

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C

Transaction ID : SB21B-75525

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2017			

FEC Identification Number

C

Transaction ID : SB21B-75525

Amount of Each Disbursement this Period

20.00

Memo Item

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2017			

FEC Identification Number

C

Transaction ID : SB21B-75531

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

C

Transaction ID : SB21B-75533

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2017			

FEC Identification Number

C

Transaction ID : SB21B-75531

Amount of Each Disbursement this Period

45.00

Memo Item

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

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

85.00

**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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2017			

FEC Identification Number

C

Transaction ID : SB21B-75537

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2017			

FEC Identification Number

C

Transaction ID : SB21B-75539

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2017			

FEC Identification Number

C

Transaction ID : SB21B-75541

Amount of Each Disbursement this Period

50.00

Memo Item

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

120.00

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. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C

Transaction ID : SB21B-75543

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2017			

FEC Identification Number

C

Transaction ID : SB21B-75545

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 856177

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Credit Card Payment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2017			

FEC Identification Number

C

Transaction ID : SB21B-75547

Amount of Each Disbursement this Period

71.98

Memo Item

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

131.98

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
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2017			

FEC Identification Number

C

Transaction ID : SB21B-75549

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C

Transaction ID : SB21B-75553

Amount of Each Disbursement this Period

840.54

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Bank Fee/Bank Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C

Transaction ID : SB21B-75551

Amount of Each Disbursement this Period

50.00

Memo Item

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

905.54

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. Total Business Solutions Inc

Mailing Address 15600 Lancelot Ct

City
Davie

State
FL

Zip Code
33331

Purpose of Disbursement
Computer Repair

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
1	1		1	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7555

Amount of Each Disbursement this Period

[REDACTED] 2123.00

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

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
1	1		1	3		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7555

Amount of Each Disbursement this Period

[REDACTED] 96621.00

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

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
1	1		1	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7555

Amount of Each Disbursement this Period

[REDACTED] 27535.00

Memo Item

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

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

[REDACTED]	126279.00
------------	-----------

[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. 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-75561
 Amount of Each Disbursement this Period

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-75563
 Amount of Each Disbursement this Period

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-75561
 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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75567
Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75569
Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75571
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. 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

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2017			

FEC Identification Number

Transaction ID : SB21B-75573
 Amount of Each Disbursement this Period

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

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2017			

FEC Identification Number

Transaction ID : SB21B-75575
 Amount of Each Disbursement this Period

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

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2017			

FEC Identification Number

Transaction ID : SB21B-75577
 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. Veterans Employee Training Services

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Payroll Assistance

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75581
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Veterans Employee Training Services

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Payroll Assistance

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 17 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75585
Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Veterans Employee Training Services

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Payroll Assistance

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 17 / 2017

FEC Identification Number

C

Transaction ID : SB21B-7558:
Amount of Each Disbursement this Period

5150.00

Memo Item

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

18150.00

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. Veterans Employee Training Services

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Payroll Assistance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75587
Amount of Each Disbursement this Period

1300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Veterans Employee Training Services

Mailing Address PO Box 609

City
Pittsburgh

State
PA

Zip Code
15230-9738

Purpose of Disbursement
Payroll Assistance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75589
Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept of Revenue

Mailing Address PO Box 930208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
State Payroll Withholding

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75597
Amount of Each Disbursement this Period

61.35

Memo Item

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

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

7361.35

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

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

FOR LINE NUMBER:
(check only one)

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	8		2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B-75593
 Amount of Each Disbursement this Period
 [] 62.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	4		2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B-75595
 Amount of Each Disbursement this Period
 [] 56.76

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	1		2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B-75597
 Amount of Each Disbursement this Period
 [] 76.47

Memo Item

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

[]	195.83
-----	--------

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 Dept 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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75599

Amount of Each Disbursement this Period

[REDACTED]	105.49
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept 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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75601

Amount of Each Disbursement this Period

[REDACTED]	74.07
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept 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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7560:

Amount of Each Disbursement this Period

[REDACTED]	71.94
------------	-------

Memo Item

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

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

[REDACTED]	251.50
------------	--------

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Dept of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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-75605
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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-75607
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept of Revenue

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State 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-75605
 Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B-75611

Amount of Each Disbursement this Period

106.68

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B-75613

Amount of Each Disbursement this Period

107.01

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B-75611

Amount of Each Disbursement this Period

119.76

Memo Item

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

333.45

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 Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B-75617

Amount of Each Disbursement this Period

105.44

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B-75619

Amount of Each Disbursement this Period

222.45

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept of Revenue

Mailing Address PO Box 930208

City Milwaukee

State WI

Zip Code 53293

Purpose of Disbursement
State Unemployment Withholding Tax

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
1	0			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B-75621

Amount of Each Disbursement this Period

1460.85

Memo Item

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

1788.74

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	3			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75623

Amount of Each Disbursement this Period

[REDACTED] 231.27

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	3			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75625

Amount of Each Disbursement this Period

[REDACTED] 283.71

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	7			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75627

Amount of Each Disbursement this Period

[REDACTED] 248.98

Memo Item

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

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

[REDACTED] 763.96

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	2	4		2	0	1	7	7	7

FEC Identification Number

C []
Transaction ID : SB21B-75629
 Amount of Each Disbursement this Period
 [] 294.79

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	2		0	1	1		2	0	1	7	7	7

FEC Identification Number

C []
Transaction ID : SB21B-75631
 Amount of Each Disbursement this Period
 [] 193.70

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	2		0	8	8		2	0	1	7	7	7

FEC Identification Number

C []
Transaction ID : SB21B-7563:
 Amount of Each Disbursement this Period
 [] 354.12

Memo Item

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

8	4	2	.	6	1
---	---	---	---	---	---

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

8	4	2	.	6	1
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	5			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75635

Amount of Each Disbursement this Period

[REDACTED] 349.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75637

Amount of Each Disbursement this Period

[REDACTED] 323.70

Memo Item

Full Name (Last, First, Middle Initial)

C. Wisconsin Dept 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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	9			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75635

Amount of Each Disbursement this Period

[REDACTED] 260.97

Memo Item

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

[REDACTED] 934.26

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

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
09 / 20 / 2017

FEC Identification Number

C []

Transaction ID : SB21B-75641

Amount of Each Disbursement this Period

[] 9.92

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
09 / 29 / 2017

FEC Identification Number

C []

Transaction ID : SB21B-75643

Amount of Each Disbursement this Period

[] 9.92

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
10 / 05 / 2017

FEC Identification Number

C []

Transaction ID : SB21B-75641

Amount of Each Disbursement this Period

[] 9.92

Memo Item

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

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

[] 29.76

[]

**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 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
10 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75647

Amount of Each Disbursement this Period

9.92

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
10 / 19 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75649

Amount of Each Disbursement this Period

65.00

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
10 / 19 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75651

Amount of Each Disbursement this Period

9.92

Memo Item

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

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

84.84

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75653
Amount of Each Disbursement this Period
35.30

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75655
Amount of Each Disbursement this Period
34.16

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B-75657
Amount of Each Disbursement this Period
35.30

Memo Item

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

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

104.76

**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 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

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75659
 Amount of Each Disbursement this Period
 [] 35.30

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

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2017			

FEC Identification Number

C []
Transaction ID : SB21B-75661
 Amount of Each Disbursement this Period
 [] 55.38

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

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2017			

FEC Identification Number

C []
Transaction ID : SB21B-7566:
 Amount of Each Disbursement this Period
 [] 55.38

Memo Item

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

[] 146.06

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

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75665

Amount of Each Disbursement this Period

[REDACTED] 55.38

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

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75667

Amount of Each Disbursement this Period

[REDACTED] 55.38

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

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75666

Amount of Each Disbursement this Period

[REDACTED] 55.38

Memo Item

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

[REDACTED] 166.14

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 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

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2017

FEC Identification Number

C

Transaction ID : SB21B-75671

Amount of Each Disbursement this Period

55.38

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

55.38

779238.62

**SCHEDULE B (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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

A. STANDING BY VETERANS PAC INC

Mailing Address 8444 County Rd M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement
Credit Card Payment Assistance

008

Candidate Name
STANDING BY VETERANS PAC INC

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C00622464

Transaction ID : SB22-75439

Amount of Each Disbursement this Period

2560.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STANDING BY VETERANS PAC INC

Mailing Address 8444 County Rd M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement
Credit Card Payment Assistance

008

Candidate Name
STANDING BY VETERANS PAC INC

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2017

FEC Identification Number

C00622464

Transaction ID : SB22-75449

Amount of Each Disbursement this Period

1440.00

Memo Item

Full Name (Last, First, Middle Initial)

C. US Veterans Assistance Foundation

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Payroll Assistance

008

Candidate Name
US Veterans Assistance Foundation

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C00653386

Transaction ID : SB22-75579

Amount of Each Disbursement this Period

95000.00

Memo Item

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

99000.00

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

99000.00