

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105401.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="58978.40"/>	<input type="text" value="1349663.44"/>
(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="164380.05"/>	<input type="text" value="1349663.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79877.25"/>	<input type="text" value="1265160.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84502.80"/>	<input type="text" value="84502.80"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICANS FOR THE CURE OF BREAST CANCER

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 27 / 2018 To: M M / D D / Y Y Y Y 12 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1785.00	15910.00
(ii) Unitemized	57193.40	1333753.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	58978.40	1349663.44
(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)	58978.40	1349663.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	58978.40	1349663.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	58978.40	1349663.44

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	79877.25	1265160.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	79877.25	1265160.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79877.25	1265160.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79877.25	1265160.64

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)	58978.40	1349663.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58978.40	1349663.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	79877.25	1265160.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	79877.25	1265160.64

**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 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. AHURUONYE, DERRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 46TH AVE
 City SAN FRANCISCO State CA Zip Code 94122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCA COMPANY Occupation (for Individual) BOOKKEEPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 05 / 2018
Transaction ID : SA11AI-12428221
 Amount of Each Receipt this Period 85.00
 Memo Item

B. COLEMAN, JOANN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 TYGART CT
 City GAITHERSBURG State MD Zip Code 20879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HKA GLOBAL Occupation (for Individual) CIVIL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI-12429265
 Amount of Each Receipt this Period 200.00
 Memo Item

C. FRAGA, DANIEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19310 GAGELAKE LN
 City HOUSTON State TX Zip Code 77084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOUSTON HOSPITAL Occupation (for Individual) DIABETES RESEARCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI-12429275
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. FULK, KRISTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 MOCKORANGE LN
 City ALPHARETTA State GA Zip Code 30004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VPS FINANCE Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 13 / 2018
Transaction ID : SA11AI-12429209
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KOHR, CHRISTINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 FAIRWOOD FOREST DR
 City CLEARWATER State FL Zip Code 33759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 03 / 2018
Transaction ID : SA11AI-12427677
 Amount of Each Receipt this Period 150.00
 Memo Item

C. LINDEN, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20288 111TH WAY SE
 City KENT State WA Zip Code 98031
 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 ▼ 235.00

Date of Receipt 12 / 13 / 2018
Transaction ID : SA11AI-12429223
 Amount of Each Receipt this Period 160.00
 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 8 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LORENZ, FRANZ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1173 MADURA DR
 City DELTONA State FL Zip Code 32725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) ADMINISTRATOR
 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 / 31 / 2018
Transaction ID : SA11AI-12430883
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. NOWELL, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 TOWN BRANCH TER SW
 City LEESBURG State VA Zip Code 20175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PSYCHOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2018
Transaction ID : SA11AI-12430551
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. RUSS, BARBARA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 N 22ND AVE E
 City DULUTH State MN Zip Code 55812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2018
Transaction ID : SA11AI-12430565
 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: PAGE 9 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. STOWELL, TOM L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 E MAIN ST
 UNIT 1310
 City NORFOLK State VA Zip Code 23510
 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 / 26 / 2018
Transaction ID : SA11AI-12430463
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. WESTLUND, JOHN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12001 DESSAU RD
 APT 514
 City AUSTIN State TX Zip Code 78754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2018
Transaction ID : SA11AI-12428217
 Amount of Each Receipt this Period
 140.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line number only).....▶	1785.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Melissa, Stetler, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B-23687

Amount of Each Disbursement this Period: 192.34

Memo Item

B. Melissa, Stetler, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B-23689

Amount of Each Disbursement this Period: 192.34

Memo Item

C. Melissa, Stetler, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B-2369;

Amount of Each Disbursement this Period: 192.34

Memo Item

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

577.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Melissa, Stetler, , ,		Date of Disbursement MM / DD / YYYY 12 / 21 / 2018	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [] Transaction ID : SB21B-23694 Amount of Each Disbursement this Period [] 236.84	
City Random Lake	State WI	Zip Code 53075	Category/ Type []
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. Melissa, Stetler, , ,		Date of Disbursement MM / DD / YYYY 12 / 28 / 2018	
Mailing Address 520 Random Lake Rd Apt 303		FEC Identification Number C [] Transaction ID : SB21B-23696 Amount of Each Disbursement this Period [] 236.86	
City Random Lake	State WI	Zip Code 53075	Category/ Type []
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. Michelle, Hammen, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [] Transaction ID : SB21B-23687 Amount of Each Disbursement this Period [] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type []
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).....▶	[] 682.77
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Michelle, Hammen, , ,		Date of Disbursement MM / DD / YYYY 12 / 07 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [] Transaction ID : SB21B-23690 Amount of Each Disbursement this Period [] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type []
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. Michelle, Hammen, , ,		Date of Disbursement MM / DD / YYYY 12 / 14 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [] Transaction ID : SB21B-23692 Amount of Each Disbursement this Period [] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type []
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. Michelle, Hammen, , ,		Date of Disbursement MM / DD / YYYY 12 / 21 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [] Transaction ID : SB21B-23694 Amount of Each Disbursement this Period [] 254.27	
City Fredonia	State WI	Zip Code 53021	Category/ Type []
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).....▶	[] 672.41
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Michelle, Hammen, , ,		Date of Disbursement MM / DD / YYYY 12 / 28 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B-23696 Amount of Each Disbursement this Period [REDACTED] 254.29	
City Fredonia	State WI	Zip Code 53021	Category/ Type [REDACTED]
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Robert, Piaro, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-23687 Amount of Each Disbursement this Period [REDACTED] 535.08	
City Fredonia	State WI	Zip Code 53021	Category/ Type [REDACTED]
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Robert, Piaro, , ,		Date of Disbursement MM / DD / YYYY 12 / 07 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-23696 Amount of Each Disbursement this Period [REDACTED] 535.08	
City Fredonia	State WI	Zip Code 53021	Category/ Type [REDACTED]
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1324.45
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Robert, Piaro, , ,		Date of Disbursement MM / DD / YYYY 12 / 14 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-23692 Amount of Each Disbursement this Period 535.08	
City Fredonia	State WI	Zip Code 53021	Category/ Type
Purpose of Disbursement payroll		Memo Item <input type="checkbox"/>	
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. Robert, Piaro, , ,		Date of Disbursement MM / DD / YYYY 12 / 21 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-23694 Amount of Each Disbursement this Period 535.08	
City Fredonia	State WI	Zip Code 53021	Category/ Type
Purpose of Disbursement payroll		Memo Item <input type="checkbox"/>	
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. Robert, Piaro, , ,		Date of Disbursement MM / DD / YYYY 12 / 28 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [REDACTED] Transaction ID : SB21B-23694 Amount of Each Disbursement this Period 535.09	
City Fredonia	State WI	Zip Code 53021	Category/ Type
Purpose of Disbursement payroll		Memo Item <input type="checkbox"/>	
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).....▶	1605.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 11 / 28 / 2018	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [] Transaction ID : SB21B-23685 Amount of Each Disbursement this Period 7808.00	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type []	Memo Item <input type="checkbox"/>	
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. American Technology LLC			Date of Disbursement MM / DD / YYYY 12 / 05 / 2018	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [] Transaction ID : SB21B-23688 Amount of Each Disbursement this Period 5759.84	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type []	Memo Item <input type="checkbox"/>	
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. American Technology LLC			Date of Disbursement MM / DD / YYYY 12 / 12 / 2018	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [] Transaction ID : SB21B-2369t Amount of Each Disbursement this Period 4553.28	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type []	Memo Item <input type="checkbox"/>	
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).....▶	18121.12
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Technology LLC			Date of Disbursement MM / DD / YYYY 12 / 19 / 2018	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [] Transaction ID : SB21B-23692 Amount of Each Disbursement this Period 2933.28	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type []	Memo Item <input type="checkbox"/>	
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. American Technology LLC			Date of Disbursement MM / DD / YYYY 12 / 26 / 2018	
Mailing Address 125 North 2nd St Unit 110 Box 241			FEC Identification Number C [] Transaction ID : SB21B-23695 Amount of Each Disbursement this Period 2701.44	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software/Software Licensing Payment		Category/ Type []	Memo Item <input type="checkbox"/>	
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. Authnet Gateway			Date of Disbursement MM / DD / YYYY 12 / 04 / 2018	
Mailing Address PO Box 899			FEC Identification Number C [] Transaction ID : SB21B-23688 Amount of Each Disbursement this Period 102.22	
City San Francisco	State CA	Zip Code 94128	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/ Type []	Memo Item <input type="checkbox"/>	
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).....▶	5736.94
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Blankrome

Mailing Address 1 Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Legal

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
12 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23687
Amount of Each Disbursement this Period
1287.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/Verifications

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
11 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23686
Amount of Each Disbursement this Period
11082.25

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLC

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Credit Card Processing/Verifications

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
12 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23688
Amount of Each Disbursement this Period
8175.15

Memo Item

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

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

20544.40

**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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 12 / 12 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-23690
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Processing/Verifications		Amount of Each Disbursement this Period [] 6462.81
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 12 / 19 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-23693
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Processing/Verifications		Amount of Each Disbursement this Period [] 4163.42
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-2369!
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement Credit Card Processing/Verifications		Amount of Each Disbursement this Period [] 3834.13
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 14460.36
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ComputerWild Inc

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement
Computer (Equip/Programming/Support)

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
12 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23688
Amount of Each Disbursement this Period
105.00

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

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
11 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23686
Amount of Each Disbursement this Period
51.61

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

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
12 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23688
Amount of Each Disbursement this Period
51.61

Memo Item

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

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

208.22

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 12 / 12 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [] Transaction ID : SB21B-23691
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period [] 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 12 / 19 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [] Transaction ID : SB21B-23693
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period [] 51.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 12 / 20 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [] Transaction ID : SB21B-2369:
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period [] 398.80
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

502.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EWH Small Business Accounting S.C.		Date of Disbursement MM / DD / YYYY 12 / 26 / 2018
Mailing Address 20670 Watertown Rd Ste 1040		FEC Identification Number C [] Transaction ID : SB21B-23695 Amount of Each Disbursement this Period [] 51.61
City Waukesha	State WI	Zip Code 53186-1867
Purpose of Disbursement Accounting Services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 11 / 30 / 2018
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-23686 Amount of Each Disbursement this Period [] 536.38
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Unemployment		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 12 / 07 / 2018
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-23688 Amount of Each Disbursement this Period [] 536.38
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Unemployment		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1124.37
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)
AMERICANS FOR THE CURE OF BREAST CANCER

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 12 / 14 / 2018	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-23691 Amount of Each Disbursement this Period [] 536.38	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type []
Purpose of Disbursement Federal Unemployment		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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 12 / 21 / 2018	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-23693 Amount of Each Disbursement this Period [] 566.31	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type []
Purpose of Disbursement Federal Unemployment		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. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 12 / 28 / 2018	
Mailing Address PO Box 804522		FEC Identification Number C [] Transaction ID : SB21B-2369! Amount of Each Disbursement this Period [] 566.21	
City Cincinnati	State OH	Zip Code 45280-4522	Category/Type []
Purpose of Disbursement Federal Unemployment		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).....▶	[] 1668.90
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Credit Card Fee/Merchant Fee

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			30			2018			

FEC Identification Number

C []
Transaction ID : SB21B-23686
Amount of Each Disbursement this Period
[] 127.70

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
Credit Card Fee/Merchant Fee

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B-23688
Amount of Each Disbursement this Period
[] 392.85

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
Credit Card Fee/Merchant Fee

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			2018			

FEC Identification Number

C []
Transaction ID : SB21B-2369t
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)..... ▶

[] 570.55

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement
Credit Card Fee/Merchant Fee

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23696
Amount of Each Disbursement this Period
175.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23686
Amount of Each Disbursement this Period
3779.10

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23688
Amount of Each Disbursement this Period
2784.60

Memo Item

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

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

6739.30

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23691
Amount of Each Disbursement this Period
2203.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23693
Amount of Each Disbursement this Period
1419.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
Caging and Escrow

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B-23691
Amount of Each Disbursement this Period
1306.50

Memo Item

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

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

4929.60

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2018			

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C []

Transaction ID : **SB21B-23687**
Amount of Each Disbursement this Period

[] 59.07

Memo Item

Purpose of Disbursement
State Payroll Withholding

[]

Candidate Name

Category/Type

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

Full Name (Last, First, Middle Initial)

B. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2018			

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C []

Transaction ID : **SB21B-23689**
Amount of Each Disbursement this Period

[] 59.07

Memo Item

Purpose of Disbursement
State Payroll Withholding

[]

Candidate Name

Category/Type

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

Full Name (Last, First, Middle Initial)

C. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2018			

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

FEC Identification Number

C []

Transaction ID : **SB21B-2369;**
Amount of Each Disbursement this Period

[] 59.07

Memo Item

Purpose of Disbursement
State Payroll Withholding

[]

Candidate Name

Category/Type

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)..... ▶

[] 177.21

[]

