



**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="34054.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="859687.10"/>	<input type="text" value="971187.80"/>
(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="893741.94"/>	<input type="text" value="971343.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="876253.47"/>	<input type="text" value="953855.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17488.47"/>	<input type="text" value="17488.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**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).....	116080.06	120785.62
(ii) Unitemized .....	743607.04	849544.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	859687.10	970329.66
(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) .....	859687.10	970329.66
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	858.14
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)).....▶	859687.10	971187.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	859687.10	971187.80

**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 .....	776088.47	849525.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	776088.47	849525.38
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 .....	1165.00	1330.00
(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)).....	1165.00	1330.00
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)) ..	876253.47	953855.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	876253.47	953855.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	859687.10	970329.66
34. Total Contribution Refunds (from Line 28(d)) .....	1165.00	1330.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	858522.10	968999.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	776088.47	849525.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	858.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	776088.47	848667.24

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 &lt;98 I @ `CF `+H9 A -N5 H-CB

Form/Schedule: F3XA

Transaction ID :

We would like to clarify the situation that occurred between "Association for Emergency Responders"(AERF) and "US VETERANS ASSISTANCE FOUNDATION"(USVAF) regarding the "\$95,000 transfer": "The vendor" (TPFE) incorrectly sent an invoice intended for AERF, to USVAF, for \$95,000. At the time, USVAF did not catch the vendors mistake, and also did not have the funds to cover the invoice. So a transfer was made from AERF, to USVAF, and USVAF paid the invoice to the vendor. When the mistake was realized, and an updated invoice was sent to AERF from the vendor, for \$96,621.00, (which had become there current balance owed), and AERF paid it. The invoice that USVAF paid, was stored as a credit to USVAF's account with the vendor.

Form/Schedule: F3XA

Transaction ID:

BEST EFFORTS PROCEDURES - ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS / C006224721. Initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution.2. Secondly, if employer/occupation information was still not provided within the above steps, a follow up phone call would be placed to the contributor within 30 days of receipt of the contribution via a separate pre-addressed post card sent in the US Mail to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution.3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement.4. The missing employer/occupation information, if/when obtained, will be uploaded and we would subsequently update our reports to include the missing information. In instances where all efforts outlined above fail to obtain this information, the words "unavailable" or "refused" will be uploaded for these fields. In either scenario, the PAC will either file a memo Schedule A with its next regularly scheduled report, listing all contributions for which new contributor information has been received, or file an amendment to the original report.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This chain of amendments covering the 2017, 2018, and 2019 years, address both the concerns and requests of the audit, as well as responding and satisfying the RFAI due 1/13/2021. Regarding the Audit, these amendments address Attachment A, Attachment B, and Attachment C Part 2.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. ADAIR, TIMOTHY, , ,**  
 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) Kaiser Permanente Franklin Medical Off Occupation (for Individual) Physician Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11AI-22196338**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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-22186408**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 10 / 30 / 2017  
**Transaction ID : SA11AI-22194884**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 9 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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 08 / 25 / 2017  
**Transaction ID : SA11AI-22184395**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. 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) RETIREE Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI-22184682**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. 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-22184796**  
 Amount of Each Receipt this Period 250.00  
 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 10 OF 174
	<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. BOLICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3340 GRANVILLE DR  
 City RALEIGH State NC Zip Code 27609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saint Andrews Presbyterian Preschool Occupation (for Individual) Preschool Teacher (RIP 2020)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 06 / 2017**  
**Transaction ID : SA11AI-22191735**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**B. 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-22184613**  
 Amount of Each Receipt this Period 100.00  
 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 **12 / 07 / 2017**  
**Transaction ID : SA11AI-22190413**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 174
	<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. 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) Kajac Communications Inc Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11AI-22196167**  
 Amount of Each Receipt this Period  
 300.00  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI-22193388**  
 Amount of Each Receipt this Period  
 160.00  
 Memo Item

**C. 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017  
**Transaction ID : SA11AI-22190678**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 174
	<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. 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) RETIRED Occupation (for Individual) RETIRED  
 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  
 10 / 27 / 2017  
**Transaction ID : SA11AI-22196059**  
 Amount of Each Receipt this Period  
 500.00  
 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) Concordia Theological Seminary Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2017  
**Transaction ID : SA11AI-22186319**  
 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) Concordia Theological Seminary Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2017  
**Transaction ID : SA11AI-22186314**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 174
	<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. 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) Concordia Theological Seminary Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11AI-22183151**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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) SELF EMPLOYED Occupation (for Individual) HOUSEKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11AI-22193685**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**C. DILLARD, ROSETTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Georgia Land and Commercial Solutions Occupation (for Individual) Realtor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : SA11AI-22172906**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 675.00  
**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 174
	<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. DILLARD, ROSETTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Georgia Land and Commercial Solutions Occupation (for Individual) Realtor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : SA11AI-22169455**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. DONNELLEY, NAOMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-22186333**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. DOVALE, LINDA P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 LIBERTY ST  
 City DANBURY State CT Zip Code 06810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAKERY WORKER Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI-22182532**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**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 174
	<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. 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) Dupee' Plumbing Inc. Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11AI-22194261**  
 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) Eikenberry Retirement Planning Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11AI-22196595**  
 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) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11AI-22166238**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 174
	<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. 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) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11AI-22166234**  
 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) Deceased Occupation (for Individual) RIP 2018  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11AI-22193682**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. 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) Self Employed Occupation (for Individual) Sculptor & Artist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : SA11AI-22182689**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 174
	<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. HAMBLET, SUSAN H, , ,**  
 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) 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  
 10 / 13 / 2017

**Transaction ID : SA11AI-22190379**

Amount of Each Receipt this Period  
300.00

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) ED'S TRUCKING	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017

**Transaction ID : SA11AI-22195814**

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2017

**Transaction ID : SA11AI-22184502**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 174
	<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. 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 ▼ 300.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI-22186325**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. 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 ▼ 300.00

Date of Receipt 11 / 22 / 2017  
**Transaction ID : SA11AI-22182438**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. LAWDER, SUZANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4180 S ESCALANTE RIDGE PL  
 City TUCSON State AZ Zip Code 85730  
 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 ▼ 225.00

Date of Receipt 07 / 05 / 2017  
**Transaction ID : SA11AI-22166733**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 174
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. LAWDER, SUZANNE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2017
Mailing Address 4180 S ESCALANTE RIDGE PL		<b>Transaction ID : SA11AI-22186417</b>
City TUCSON	State AZ	Zip Code 85730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. LAWDER, SUZANNE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2017
Mailing Address 4180 S ESCALANTE RIDGE PL		<b>Transaction ID : SA11AI-22165574</b>
City TUCSON	State AZ	Zip Code 85730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. LUTHER, EMMITT, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2017
Mailing Address 750 HIGHWAY 106 N		<b>Transaction ID : SA11AI-22194871</b>
City DANIELSVILLE	State GA	Zip Code 30633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 174
	<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. 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-22190267**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 **11 / 01 / 2017**  
**Transaction ID : SA11AI-22194148**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. 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 **10 / 25 / 2017**  
**Transaction ID : SA11AI-22188645**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 174
<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. 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) HPH, LLC Occupation (for Individual) Owner/Real Estate investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2017  
**Transaction ID : SA11AI-22166545**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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) McClellan Organics, LLC Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 02 / 2017  
**Transaction ID : SA11AI-22193313**  
 Amount of Each Receipt this Period 205.00  
 Memo Item

**C. 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) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11AI-22194895**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	605.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 174
	<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. 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) Manager/Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11AI-22183455**  
 Amount of Each Receipt this Period 250.00  
 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-22182516**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. NICE, 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) George Nice and Sons 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-22196607**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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-22166440**

Amount of Each Receipt this Period **100.00**

Memo Item

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

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-22165530**

Amount of Each Receipt this Period **100.00**

Memo Item

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

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) **Best Efforts**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 02 / 2017**

**Transaction ID : SA11AI-22193577**

Amount of Each Receipt this Period **200.00**

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 24 OF 174
	<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) 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  
 12 / 01 / 2017  
**Transaction ID : SA11AI-22190597**  
 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-22184438**  
 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-22190412**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 174
	<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. PULSE, DIANNE T, , ,**  
 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) Dianne T Pulse & Associates Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11AI-22190006**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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) United Health Group Occupation (for Individual) Health Services Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11AI-22192670**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. 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-22196148**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 174
	<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. 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) Deceased Occupation (for Individual) RIP 2019  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11AI-22186600**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. ROSING, WAYNE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3463 STATE ST APT 255  
 City SANTA BARBARA State CA Zip Code 93105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI-22193654**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. 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) Contractor Occupation (for Individual) Double M Operation  
 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-22168563**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	990.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 174
	<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. 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) Deceased RIP 2020 Occupation (for Individual) Business Analyst/Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11AI-22192633**  
 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) Entrepreneur Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11AI-22196097**  
 Amount of Each Receipt this Period 1000.00  
 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-22166138**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 174  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

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  

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

**Transaction ID : SA11AI-22196683**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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
07	/	03	/	2017

**Transaction ID : SA11AI-22189397**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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-22190274**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	505.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 174
	<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. 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) Deceased Occupation (for Individual) RIP 2020

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 20 / 2017  
**Transaction ID : SA11AI-22177286**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. J J BOAT TRAILER SUPPLY**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12007 DIXIE HWY

City VALLEY STATION State KY Zip Code 40272

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

Name of Employer (for Individual) OWNER Occupation (for Individual) JJ COAT TRILER SUPPLY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
11 / 15 / 2017  
**Transaction ID : SA11AI-22184637**

Amount of Each Receipt this Period  
300.00

Memo Item

**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 ▼  
65335.62

Date of Receipt  
09 / 01 / 2017  
**Transaction ID : SA11AI-7847267**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Payroll Assistance

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 174
	<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. 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 ▼  
65335.62

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

**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 ▼  
65335.62

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

**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 ▼  
65335.62

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>SUBTOTAL</b> of Receipts This Page (optional).....	8808.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 174
	<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. 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 ▼  
65335.62

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

**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 ▼  
65335.62

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

**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 ▼  
65335.62

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>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 174
<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. 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 ▼  
65335.62

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

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

Mailing Address 1835 E Charleston Ste 4

City Las Vegas	State NV	Zip Code 89104
-------------------	-------------	-------------------

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 ▼  
38000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2017

**Transaction ID : SA11AI-22238370**

Amount of Each Receipt this Period  
30000.00

Memo Item  
Startup fund advance/loan

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

Mailing Address 1835 E Charleston Ste 4

City Las Vegas	State NV	Zip Code 89104
-------------------	-------------	-------------------

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 ▼  
38000.00

Date of Receipt  

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

**Transaction ID : SA11AI-22238371**

Amount of Each Receipt this Period  
8000.00

Memo Item  
Startup fund advance/loan

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 174
	<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. Veterans Employee Training Services**

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**

Name of Employer (for Individual) Veterans Employee Training Services	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
65335.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

**Transaction ID : SA11AI-22238367**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Payroll Assistance

**B. Veterans Employee Training Services**

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**

Name of Employer (for Individual) Veterans Employee Training Services	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
65335.62

Date of Receipt  

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

**Transaction ID : SA11AI-22238368**

Amount of Each Receipt this Period  
4000.00

Memo Item  
Payroll Assistance

**C. Veterans Employee Training Services**

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**

Name of Employer (for Individual) Veterans Employee Training Services	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
65335.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11AI-22238369**

Amount of Each Receipt this Period  
5022.00

Memo Item  
Payroll Assistance

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11022.00
<b>TOTAL</b> This Period (last page this line number only).....	116080.06

**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, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

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 [REDACTED]  
**Transaction ID : SB21B-75673**  
Amount of Each Disbursement this Period  
[REDACTED] 106.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Austin, Peter, , ,**

Mailing Address 1210 Hickory Drive

City  
Waukesha

State  
WI

Zip Code  
53186

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-75675**  
Amount of Each Disbursement this Period  
[REDACTED] 820.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. Balistreri, Michael J, , ,**

Mailing Address 7239 W Tripoli Avenue

City  
Milwaukee

State  
WI

Zip Code  
53220

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-75675**  
Amount of Each Disbursement this Period  
[REDACTED] 170.12

Memo Item

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

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

[REDACTED]	1097.30
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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) <b>A. Balistreri, Michael J, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 03 / 2017	
Mailing Address 7239 W Tripoli Avenue				
City Milwaukee	State WI	Zip Code 53220	FEC Identification Number C	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75681 Amount of Each Disbursement this Period 330.73	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Balistreri, Michael J, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 10 / 2017	
Mailing Address 7239 W Tripoli Avenue				
City Milwaukee	State WI	Zip Code 53220	FEC Identification Number C	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75683 Amount of Each Disbursement this Period 301.35	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Balistreri, Michael J, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 17 / 2017	
Mailing Address 7239 W Tripoli Avenue				
City Milwaukee	State WI	Zip Code 53220	FEC Identification Number C	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB21B-75684 Amount of Each Disbursement this Period 201.92	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			834.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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  
11 / 06 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75687

Amount of Each Disbursement this Period

[Redacted] 215.41

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  
11 / 13 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75689

Amount of Each Disbursement this Period

[Redacted] 329.25

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75691

Amount of Each Disbursement this Period

[Redacted] 229.71

Memo Item

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

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

[Redacted] 774.37

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th 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  
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)

**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 / 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)

**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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75698  
Amount of Each Disbursement this Period  
299.71

Memo Item

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

569.98

**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. 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 / 18 / 2017

FEC Identification Number

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

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  
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)

**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

MM / DD / YYYY  
11 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75701  
Amount of Each Disbursement this Period  
101.58

Memo Item

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

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

644.08

**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. 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, , ,**

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-75715**  
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-75717**  
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-75715**  
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, , ,**

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
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**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**

**A. Clemens, John J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2242 S Winchester St

City Milwaukee State WI Zip Code 53207

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 24 / 2017

FEC Identification Number C

Transaction ID : SB21B-75731

Amount of Each Disbursement this Period 283.48

Memo Item

**B. Clemens, John J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2242 S Winchester St

City Milwaukee State WI Zip Code 53207

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 31 / 2017

FEC Identification Number C

Transaction ID : SB21B-75733

Amount of Each Disbursement this Period 318.79

Memo Item

**C. Clemins, John J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2242 S Winchester St

City Milwaukee State WI Zip Code 53207

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 07 / 2017

FEC Identification Number C

Transaction ID : SB21B-3958:

Amount of Each Disbursement this Period 199.41

Paid via ADP DD

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 602.27

**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. Clemins, John J, , ,**

Mailing Address 2242 S Winchester St

City Milwaukee

State WI

Zip Code 53207

Purpose of Disbursement Payroll

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-39583**  
Amount of Each Disbursement this Period  
205.77

Paid via ADP DD

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

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75737**  
Amount of Each Disbursement this Period  
366.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clemins, John J, , ,**

Mailing Address 2242 S Winchester St

City Milwaukee

State WI

Zip Code 53207

Purpose of Disbursement Payroll

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75737**  
Amount of Each Disbursement this Period  
297.39

Memo Item

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

664.25

**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)

**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

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75739

Amount of Each Disbursement this Period

491.93

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75751

Amount of Each Disbursement this Period

297.11

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

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 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B-75741

Amount of Each Disbursement this Period

337.66

Memo Item

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

1126.70

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Dolister, Brian, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 25 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-7573</b> 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) <b>B. Dolister, Brian, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-96477</b> 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			
Full Name (Last, First, Middle Initial) <b>C. Dolister, Brian, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-7574:</b> Amount of Each Disbursement this Period [ ] 336.06	
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			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 781.85	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 13 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75745</b> Amount of Each Disbursement this Period [ ] 239.83	
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>B. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 23 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75755</b> Amount of Each Disbursement this Period [ ] 318.88	
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>C. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 27 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75747</b> Amount of Each Disbursement this Period [ ] 275.53	
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			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 834.24	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 06 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75757</b> Amount of Each Disbursement this Period [ ] 221.62	
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>B. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 13 / 2017	
Mailing Address 3751 E Planking Ave				
City Cudahy	State WI	Zip Code 53115	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75759</b> Amount of Each Disbursement this Period [ ] 291.45	
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>C. Dolister, Brian, , ,</b>			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 [ ] <b>Transaction ID : SB21B-75761</b> Amount of Each Disbursement this Period [ ] 296.58	
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:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 809.65	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 24 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75763</b> Amount of Each Disbursement this Period [ ] 302.96	
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>B. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 04 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75765</b> Amount of Each Disbursement this Period [ ] 105.17	
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>C. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 11 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75766</b> Amount of Each Disbursement this Period [ ] 350.21	
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			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 758.34	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 18 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75769</b> Amount of Each Disbursement this Period [ ] 260.57	
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>B. Dolister, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 26 / 2017	
Mailing Address 3751 E Planking Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75771</b> Amount of Each Disbursement this Period [ ] 269.85	
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>C. Gosia, Dean L, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 08 / 21 / 2017	
Mailing Address 4132 N 61			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75771</b> Amount of Each Disbursement this Period [ ] 393.64	
City Milwaukee	State WI	Zip Code 53216	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			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 924.06	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 29 / 2017	
Mailing Address 4132 N 61				
City Milwaukee	State WI	Zip Code 53216	FEC Identification Number C	
Purpose of Disbursement Payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Amount of Each Disbursement this Period 293.44			
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>B. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 05 / 2017	
Mailing Address 4132 N 61				
City Milwaukee	State WI	Zip Code 53216	FEC Identification Number C	
Purpose of Disbursement Payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Amount of Each Disbursement this Period 423.20			
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>C. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 11 / 2017	
Mailing Address 4132 N 61				
City Milwaukee	State WI	Zip Code 53216	FEC Identification Number C	
Purpose of Disbursement Payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Amount of Each Disbursement this Period 441.20			
<input type="checkbox"/> Memo Item				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1157.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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 / 18 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75783  
Amount of Each Disbursement this Period  
421.34

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  
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)

**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 / 02 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-9647:  
Amount of Each Disbursement this Period  
401.26

Memo Item

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

1007.19

**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) <b>A. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address 4132 N 61			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75787</b> Amount of Each Disbursement this Period [REDACTED] 428.62	
City Milwaukee	State WI	Zip Code 53216	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>B. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 16 / 2017	
Mailing Address 4132 N 61			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75789</b> Amount of Each Disbursement this Period [REDACTED] 410.95	
City Milwaukee	State WI	Zip Code 53216	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>C. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address 4132 N 61			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75791</b> Amount of Each Disbursement this Period [REDACTED] 78.50	
City Milwaukee	State WI	Zip Code 53216	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 918.07
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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	/	D	D	/	Y	Y	Y	Y
10			30			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-75793**

Amount of Each Disbursement this Period

[REDACTED] 420.19

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
11			06			2017			

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)

**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
11			13			2017			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-75797**

Amount of Each Disbursement this Period

[REDACTED] 420.19

Memo Item

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

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

[REDACTED]	993.68
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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. 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
11			20			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75799

Amount of Each Disbursement this Period

[REDACTED] 376.79

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
11			24			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75801

Amount of Each Disbursement this Period

[REDACTED] 320.00

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
12			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7580:

Amount of Each Disbursement this Period

[REDACTED] 244.26

Memo Item

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

[REDACTED] 941.05

**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. 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  
12 / 11 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75805  
Amount of Each Disbursement this Period  
211.59

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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)

**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  
12 / 26 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75808  
Amount of Each Disbursement this Period  
284.44

Memo Item

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

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

952.01

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address W4960 Kohler Drive

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

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75827**  
Amount of Each Disbursement this Period  
[REDACTED] 115.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hammen, Michelle M, , ,**

Mailing Address W4960 Kohler Drive

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

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75823**  
Amount of Each Disbursement this Period  
[REDACTED] 106.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hammen, Michelle M, , ,**

Mailing Address W4960 Kohler Drive

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

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-7582!**  
Amount of Each Disbursement this Period  
[REDACTED] 106.56

Memo Item

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

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

[REDACTED]	328.56
[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) <b>A. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75821</b> Amount of Each Disbursement this Period 106.54	
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	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2017	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75829</b> Amount of Each Disbursement this Period 115.44 Not found in bank/not cashed in 2017	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75831</b> Amount of Each Disbursement this Period 115.43 Check issued, but not found in bank/not cashed in 2017.	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input checked="" 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)..... ▶

106.54

**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) <b>A. Hammen, Michelle M, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 08 / 2017	
Mailing Address W4960 Kohler Drive				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75833</b> Amount of Each Disbursement this Period [ ] 115.44	
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) ▼		<input checked="" type="checkbox"/> Memo Item <input type="checkbox"/> Check issued, but not found in bank/not cashed in 2017.	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Harris, Thomas O, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 09 / 11 / 2017	
Mailing Address 828A W Galena St #11				
City Milwaukee	State WI	Zip Code 53205	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75837</b> Amount of Each Disbursement this Period [ ] 475.54	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Harris, Thomas O, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 09 / 25 / 2017	
Mailing Address 828A W Galena St #11				
City Milwaukee	State WI	Zip Code 53205	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75838</b> Amount of Each Disbursement this Period [ ] 415.01	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 890.55	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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) <b>A. Harris, Thomas O, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address 828A W Galena St #11			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75845</b> Amount of Each Disbursement this Period [REDACTED] 76.59	
City Milwaukee	State WI	Zip Code 53205	Memo Item <input type="checkbox"/>	
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>B. Harris, Thomas O, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 30 / 2017	
Mailing Address 828A W Galena St #11			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75847</b> Amount of Each Disbursement this Period [REDACTED] 406.59	
City Milwaukee	State WI	Zip Code 53205	Memo Item <input type="checkbox"/>	
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>C. Harris, Thomas O, , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 828A W Galena St #11			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75848</b> Amount of Each Disbursement this Period [REDACTED] 438.53	
City Milwaukee	State WI	Zip Code 53205	Memo Item <input type="checkbox"/>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 921.71
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Harris, Thomas O, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017	
Mailing Address 828A W Galena St #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75851</b> Amount of Each Disbursement this Period [REDACTED] 460.38	
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) <b>B. Harris, Thomas O, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017	
Mailing Address 828A W Galena St #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75853</b> Amount of Each Disbursement this Period [REDACTED] 304.47	
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) <b>C. Harris, Thomas O, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2017	
Mailing Address 828A W Galena St #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75851</b> Amount of Each Disbursement this Period [REDACTED] 280.61	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1045.46
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Harris, Thomas O, , ,**

Date of Disbursement

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

Mailing Address 828A W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-75857
Amount of Each Disbursement this Period
116.41

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Harris, Thomas O, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	08	/	2017

Mailing Address 828A W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-75859
Amount of Each Disbursement this Period
535.74

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Harris, Thomas O, , ,**

Date of Disbursement

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

Mailing Address 828A W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-75861
Amount of Each Disbursement this Period
278.52

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)..... ▶

930.67
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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

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 [REDACTED]  
**Transaction ID : SB21B-75863**  
Amount of Each Disbursement this Period  
[REDACTED] 409.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. Holtz, Justin D, , ,**

Mailing Address 710 E Sommers Dr

City Oak Creek

State WI

Zip Code 53154

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			27			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-39145**  
Amount of Each Disbursement this Period  
[REDACTED] 16.62

Memo Item Check was voided or not cashed.  
Could also be duplicate of the 12/13/2017 check (waited to cash)

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

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 [REDACTED]  
**Transaction ID : SB21B-75871**  
Amount of Each Disbursement this Period  
[REDACTED] 387.75

Memo Item

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

[REDACTED]	796.91
------------	--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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

MM / DD / YYYY  
11 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75873

Amount of Each Disbursement this Period

[REDACTED] 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

MM / DD / YYYY  
11 / 15 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75875

Amount of Each Disbursement this Period

[REDACTED] 373.59

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

MM / DD / YYYY  
11 / 27 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75875

Amount of Each Disbursement this Period

[REDACTED] 391.29

Memo Item

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

[REDACTED] 1138.47

**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. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75877

Amount of Each Disbursement this Period

[REDACTED] 380.66

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

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 [REDACTED]

Transaction ID : SB21B-75881

Amount of Each Disbursement this Period

[REDACTED] 238.62

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

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 [REDACTED]

Transaction ID : SB21B-7588:

Amount of Each Disbursement this Period

[REDACTED] 373.59

Memo Item

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

[REDACTED] 992.87

**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. 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

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-75885**  
Amount of Each Disbursement this Period  
[REDACTED] 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

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 [REDACTED]  
**Transaction ID : SB21B-75887**  
Amount of Each Disbursement this Period  
[REDACTED] 359.61

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
08			21			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75891**  
Amount of Each Disbursement this Period  
[REDACTED] 337.54

Memo Item

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

[REDACTED]	1070.74
------------	---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kexel, James L, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75893</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 398.95
Purpose of Disbursement Payroll	Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Kexel, James L, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75895</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 384.98
Purpose of Disbursement Payroll	Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. Kexel, James L, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2017	
Mailing Address 2302 - 12th Avenue #18		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75897</b>	
City South Milwaukee	State WI	Zip Code 53172	Amount of Each Disbursement this Period [REDACTED] 390.64
Purpose of Disbursement Payroll	Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 1174.57
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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
0	9		1	8		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75899

Amount of Each Disbursement this Period

[REDACTED] 370.89

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
0	9		2	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75901

Amount of Each Disbursement this Period

[REDACTED] 281.45

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
1	0		0	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-9647!

Amount of Each Disbursement this Period

[REDACTED] 350.46

Memo Item

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

[REDACTED] 1002.80

**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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75903**  
Amount of Each Disbursement this Period  
[REDACTED] 342.51

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  
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 [REDACTED]  
**Transaction ID : SB21B-75905**  
Amount of Each Disbursement this Period  
[REDACTED] 333.21

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  
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 [REDACTED]  
**Transaction ID : SB21B-75907**  
Amount of Each Disbursement this Period  
[REDACTED] 352.52

Memo Item

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

[REDACTED]	1028.24
------------	---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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
10			30			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75909

Amount of Each Disbursement this Period

[REDACTED] 353.58

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
11			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75911

Amount of Each Disbursement this Period

[REDACTED] 369.34

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
11			13			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7591:

Amount of Each Disbursement this Period

[REDACTED] 390.58

Memo Item

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

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

[REDACTED] 1113.50

[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. 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
11			20			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75915**  
Amount of Each Disbursement this Period  
[REDACTED] 376.42

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
11			24			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75917**  
Amount of Each Disbursement this Period  
[REDACTED] 330.83

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			04			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75915**  
Amount of Each Disbursement this Period  
[REDACTED] 202.04

Memo Item

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

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

909.29
[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) <b>A. Kexel, James L, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 11 / 2017	
Mailing Address 2302 - 12th Avenue #18			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75921</b> Amount of Each Disbursement this Period [ ] 403.68	
City South Milwaukee	State WI	Zip Code 53172	Category/Type 001	
Purpose of Disbursement Payroll			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Kexel, James L, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 18 / 2017	
Mailing Address 2302 - 12th Avenue #18			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75923</b> Amount of Each Disbursement this Period [ ] 367.20	
City South Milwaukee	State WI	Zip Code 53172	Category/Type 001	
Purpose of Disbursement Payroll			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Kexel, James L, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 26 / 2017	
Mailing Address 2302 - 12th Avenue #18			FEC Identification Number C [ ] <b>Transaction ID : SB21B-7592!</b> Amount of Each Disbursement this Period [ ] 326.85	
City South Milwaukee	State WI	Zip Code 53172	Category/Type 001	
Purpose of Disbursement Payroll			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 1097.73	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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
10			30			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75931**  
 Amount of Each Disbursement this Period  
 [ ] 311.43

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			06			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75933**  
 Amount of Each Disbursement this Period  
 [ ] 316.75

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			13			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-7593!**  
 Amount of Each Disbursement this Period  
 [ ] 331.15

Memo Item

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

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

959.33
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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. 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  
11 / 20 / 2017

FEC Identification Number

C   
**Transaction ID : SB21B-75937**  
Amount of Each Disbursement this Period  
 354.62

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  
11 / 24 / 2017

FEC Identification Number

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

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  
12 / 04 / 2017

FEC Identification Number

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

Memo Item

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

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

846.18

**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**

**A. Martin, Kevin L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75943

Amount of Each Disbursement this Period: 357.72

Memo Item

**B. Martin, Kevin L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75945

Amount of Each Disbursement this Period: 133.72

Memo Item

**C. Martin, Kevin L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1820 W Wells Street

City Milwaukee State WI Zip Code 53233

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75947

Amount of Each Disbursement this Period: 275.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 766.60

**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. 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) <b>A. Nowak, Justin, , ,</b>			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>B. Nowak, Justin, , ,</b>			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) <b>C. Nowak, Justin, , ,</b>			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:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 556.58	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[REDACTED]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75963</b> Amount of Each Disbursement this Period [ ] 192.91 <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>B. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75965</b> Amount of Each Disbursement this Period [ ] 89.69 <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>C. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [ ] <b>Transaction ID : SB21B-75966</b> Amount of Each Disbursement this Period [ ] 131.23 <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:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 413.83	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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			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

M	M	/	D	D	/	Y	Y	Y	Y
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

M	M	/	D	D	/	Y	Y	Y	Y
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) <b>A. Nowak, Justin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2017	
Mailing Address 2038 S 30th Street			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75975</b> Amount of Each Disbursement this Period [ ] 163.33	
City Milwaukee	State WI	Zip Code 53215	Purpose of Disbursement Payroll Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Candidate Name <input type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) <b>B. Nowak, Justin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 06 / 2017	
Mailing Address 2038 S 30th Street			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75977</b> Amount of Each Disbursement this Period [ ] 24.24	
City Milwaukee	State WI	Zip Code 53215	Purpose of Disbursement Payroll Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Candidate Name <input type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) <b>C. Nowak, Justin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 13 / 2017	
Mailing Address 2038 S 30th Street			FEC Identification Number C [ ] <b>Transaction ID : SB21B-75975</b> Amount of Each Disbursement this Period [ ] 174.77	
City Milwaukee	State WI	Zip Code 53215	Purpose of Disbursement Payroll Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Candidate Name <input type="checkbox"/> Memo Item		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 362.34	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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

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-75981**  
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-75983**  
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-75981**  
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, , ,**

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			08			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75987**  
 Amount of Each Disbursement this Period  
 [ ] 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

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-75989**  
 Amount of Each Disbursement this Period  
 [ ] 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

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

C [ ]  
**Transaction ID : SB21B-75991**  
 Amount of Each Disbursement this Period  
 [ ] 221.31

Memo Item

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

[ ] 554.26
------------

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

[ ]
-----

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Ostoich, Michael J, , ,**

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75997**  
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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75995**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ostoich, Michael J, , ,**

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Payroll

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75995**  
Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

**A. Ostoich, Michael J, , ,**

Date of Disbursement

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

Mailing Address 6547 Greenway  
#1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-76003
Amount of Each Disbursement this Period
323.04

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ostoich, Michael J, , ,**

Date of Disbursement

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

Mailing Address 6547 Greenway  
#1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-76001
Amount of Each Disbursement this Period
317.04

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ostoich, Michael J, , ,**

Date of Disbursement

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

Mailing Address 6547 Greenway  
#1

City Greendale State WI Zip Code 53129

Purpose of Disbursement Payroll

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-7600!
Amount of Each Disbursement this Period
285.44

Candidate Name

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

Memo Item

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

925.52
--------

**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. 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)

**B. 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-39583**  
 Amount of Each Disbursement this Period  
  
 Paid via ADP DD

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-3958:**  
 Amount of Each Disbursement this Period  
  
 Paid via ADP DD

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**

**A. Petrovich, Michael V, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
07 / 24 / 2017

Mailing Address: 6869 Crocus Crt Apt 2

City: Greendale State: WI Zip Code: 53129

Purpose of Disbursement: Payroll  
Candidate Name: [ ]  
Category/Type: 001

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

FEC Identification Number: C [ ]  
Transaction ID : SB21B-76009  
Amount of Each Disbursement this Period: 376.08  
 Memo Item

**B. Piaro, Robert R, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
11 / 01 / 2017

Mailing Address: 8444 County Road M

City: Fredonia State: WI Zip Code: 53021

Purpose of Disbursement: Payroll  
Candidate Name: [ ]  
Category/Type: 001

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

FEC Identification Number: C [ ]  
Transaction ID : SB21B-76011  
Amount of Each Disbursement this Period: 747.25  
 Memo Item

**C. Piaro, Robert R, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
11 / 03 / 2017

Mailing Address: 8444 County Road M

City: Fredonia State: WI Zip Code: 53021

Purpose of Disbursement: Payroll  
Candidate Name: [ ]  
Category/Type: 001

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

FEC Identification Number: C [ ]  
Transaction ID : SB21B-76011  
Amount of Each Disbursement this Period: 747.26  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1870.59

**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. Piaro, Robert R, , ,**

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

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-76015**  
Amount of Each Disbursement this Period  
[ ] 747.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. Piaro, Robert R, , ,**

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

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-76017**  
Amount of Each Disbursement this Period  
[ ] 774.11

Memo Item

Full Name (Last, First, Middle Initial)

**C. Piaro, Robert R, , ,**

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

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-76018**  
Amount of Each Disbursement this Period  
[ ] 1467.28

Memo Item

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

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

2988.63
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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. Piaro, Robert R, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

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-76021**  
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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-76025**  
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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-76027**  
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) <b>A. Ricco, Michael, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017	
Mailing Address 3029 NW 120th Way		FEC Identification Number C [REDACTED]	
City Sunrise	State FL	Zip Code 33323	Transaction ID : <b>SB21B-76029</b>
Purpose of Disbursement Payroll		Category/Type 001	Amount of Each Disbursement this Period 200.00
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stetler, Melissa L, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017	
Mailing Address 520 Random Lake Rd. Apt 303		FEC Identification Number C [REDACTED]	
City Random Lake	State WI	Zip Code 53075	Transaction ID : <b>SB21B-76031</b>
Purpose of Disbursement Payroll		Category/Type 001	Amount of Each Disbursement this Period 114.85
Candidate Name		Not found in bank/not cashed in 2017	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>C. Stetler, Melissa L, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017	
Mailing Address 520 Random Lake Rd. Apt 303		FEC Identification Number C [REDACTED]	
City Random Lake	State WI	Zip Code 53075	Transaction ID : <b>SB21B-7603!</b>
Purpose of Disbursement Payroll		Category/Type 001	Amount of Each Disbursement this Period 106.35
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	306.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## 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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B-76037

Amount of Each Disbursement this Period

106.35

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		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)

**C. Stetler, Melissa L, , ,**

Mailing Address 520 Random Lake Rd.  
Apt 303

City  
Random Lake

State  
WI

Zip Code  
53075

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
11		24		2017

FEC Identification Number

C

Transaction ID : SB21B-76031

Amount of Each Disbursement this Period

114.85

Memo Item Not found in bank/not cashed in 2017

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

212.68

**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 53076

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-39153**  
Amount of Each Disbursement this Period

Memo Item Check issued, but not found in bank/not cashed in 2017.

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 53077

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-39153**  
Amount of Each Disbursement this Period

Memo Item Check issued, but not found in bank/not cashed in 2017.

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 53078

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-39153**  
Amount of Each Disbursement this Period

Memo Item Check issued, but not found in bank/not cashed in 2017.

**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

**A. Sullivan, William J IV, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8825 S 11th Avenue

City Oak Creek State WI Zip Code 53145

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 21 / 2017

FEC Identification Number C

Transaction ID : SB21B-76047

Amount of Each Disbursement this Period 547.00

Memo Item

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 100 NorthWest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 06 / 2017

FEC Identification Number C

Transaction ID : SB21B-75145

Amount of Each Disbursement this Period 220.14

Memo Item

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 100 NorthWest Point Blvd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Wage Pay

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 06 / 2017

FEC Identification Number C

Transaction ID : SB21B-75145

Amount of Each Disbursement this Period 597.93

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1365.07

**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**

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 [REDACTED]

**Transaction ID : SB21B-75149**  
Amount of Each Disbursement this Period

[REDACTED] 47.54

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
07		13		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-75151**  
Amount of Each Disbursement this Period

[REDACTED] 191.36

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Taxes

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
07		13		2017

Mailing Address 100 NorthWest Point Blvd

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-7515:**  
Amount of Each Disbursement this Period

[REDACTED] 548.53

Memo Item

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement Wage Pay

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] 787.43

**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) <b>A. ADP</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 100 NorthWest Point Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75155</b> Amount of Each Disbursement this Period [REDACTED] 47.54
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 100 NorthWest Point Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75161</b> Amount of Each Disbursement this Period [REDACTED] 47.54
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017
Mailing Address P.O. Box 650448?		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-75205</b> Amount of Each Disbursement this Period [REDACTED] 1438.37
City Dallas	State TX	Zip Code 75265-0448
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 1533.45
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Express**

Date of Disbursement

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

Mailing Address P.O. Box 650448?

FEC Identification Number

C [ ]

**Transaction ID : SB21B-75211**  
Amount of Each Disbursement this Period

[ ] 393.35

Memo Item

City Dallas State TX Zip Code 75265-0448

Purpose of Disbursement Credit Card Fee/Merchant Fee Category/Type 001

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2017

Mailing Address PO Box 947

FEC Identification Number

C [ ]

**Transaction ID : SB21B-75213**  
Amount of Each Disbursement this Period

[ ] 54.99

Memo Item

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement Credit Card Fee/Merchant Fee Category/Type 001

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. Authnet Gateway**

Date of Disbursement

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

Mailing Address PO Box 947

FEC Identification Number

C [ ]

**Transaction ID : SB21B-75211**  
Amount of Each Disbursement this Period

[ ] 50.65

Memo Item

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement Credit Card Fee/Merchant Fee Category/Type 001

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)..... ▶

[ ] 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 M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2017

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 M	/	D D D	/	Y Y Y Y Y
10	/	03	/	2017

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

FEC Identification Number

C

Transaction ID : SB21B-75221

Amount of Each Disbursement this Period

62.97

Memo Item

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

147.12

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Authnet Gateway**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

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-75225

Amount of Each Disbursement this Period: 57.23

Memo Item

**B. Authnet Gateway**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

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-75225

Amount of Each Disbursement this Period: 11.17

Memo Item

**C. Bhagat Properties**

Full Name (Last, First, Middle Initial)

Mailing Address P O Box 131

City S. Milwaukee State WI Zip Code 53173

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B-75225

Amount of Each Disbursement this Period: 837.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 905.40

**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. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. ComputerWild Inc**

Mailing Address 1430 W Toni 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-39181**  
Amount of Each Disbursement this Period  
[ ] 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-7523!**  
Amount of Each Disbursement this Period  
[ ] 40.61

Memo Item

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

1510.21
---------

**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		02		2017

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

FEC Identification Number

C

Transaction ID : SB21B-75237

Amount of Each Disbursement this Period

43.16
-------

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

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

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

FEC Identification Number

C

Transaction ID : SB21B-75239

Amount of Each Disbursement this Period

400.00
--------

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

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

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

FEC Identification Number

C

Transaction ID : SB21B-75241

Amount of Each Disbursement this Period

43.16
-------

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)..... ▶

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

486.32
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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.**

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-75243**  
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-75245**  
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-75247**  
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.**

Date of Disbursement

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

Mailing Address 20670 Watertown Rd  
Ste 1040

FEC Identification Number

C [REDACTED]

City Waukesha

State WI

Zip Code 53186-1867

**Transaction ID : SB21B-75249**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

[REDACTED] 53.54

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		05		2017

Mailing Address 20670 Watertown Rd  
Ste 1040

FEC Identification Number

C [REDACTED]

City Waukesha

State WI

Zip Code 53186-1867

**Transaction ID : SB21B-75251**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

[REDACTED] 435.80

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		06		2017

Mailing Address 20670 Watertown Rd  
Ste 1040

FEC Identification Number

C [REDACTED]

City Waukesha

State WI

Zip Code 53186-1867

**Transaction ID : SB21B-7525:**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

[REDACTED] 53.54

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)..... ▶

[REDACTED] 542.88

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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
0	9		1	2		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75257

Amount of Each Disbursement this Period

1459.31

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
0	9		1	3		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75259

Amount of Each Disbursement this Period

70.53

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
0	9		2	0		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-7526:

Amount of Each Disbursement this Period

400.00

Memo Item

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

1929.84

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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)

**B. 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-75265**

Amount of Each Disbursement this Period

68.43
-------

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		04		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

67.14
-------

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)..... ▶

202.45
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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
10		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

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-75269

Amount of Each Disbursement this Period

450.00

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

M M M	/	D D D	/	Y Y Y Y Y
10		11		2017

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

FEC Identification Number

C

Transaction ID : SB21B-75271

Amount of Each Disbursement this Period

67.14

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

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

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-7527:

Amount of Each Disbursement this Period

70.04

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)..... ▶

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

587.18

**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. 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

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
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

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
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-75278
Amount of Each Disbursement this Period
125.98

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)..... ▶

344.55
--------

**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)

**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
1	1		0	6		2	0	1	7

FEC Identification Number

C

**Transaction ID : SB21B-75281**

Amount of Each Disbursement this Period

2	4	5	0	0	0
---	---	---	---	---	---

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
1	1		0	8		2	0	1	7

FEC Identification Number

C

**Transaction ID : SB21B-75283**

Amount of Each Disbursement this Period

1	2	7	0	0	0
---	---	---	---	---	---

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
1	1		1	5		2	0	1	7

FEC Identification Number

C

**Transaction ID : SB21B-75281**

Amount of Each Disbursement this Period

1	2	7	0	0	0
---	---	---	---	---	---

Memo Item

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

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

4	9	9	0	0	0
---	---	---	---	---	---

4	9	9	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. 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
11			22			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75287

Amount of Each Disbursement this Period

[REDACTED]	132.41
------------	--------

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
11			29			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75289

Amount of Each Disbursement this Period

[REDACTED]	132.90
------------	--------

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			05			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75291

Amount of Each Disbursement this Period

[REDACTED]	259.80
------------	--------

Memo Item

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

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

[REDACTED]	525.11
------------	--------

[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. EWH Small Business Accounting S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		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-75293**

Amount of Each Disbursement this Period

124.53
--------

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		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-75295**

Amount of Each Disbursement this Period

129.25
--------

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
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

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

383.78
--------

**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
12	/	28	/	2017

Mailing Address 20670 Watertown Rd  
Ste 1040

FEC Identification Number

C [REDACTED]

City Waukesha

State WI

Zip Code 53186-1867

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

Purpose of Disbursement Accounting Services

001  
Category/  
Type

[REDACTED] 130.75

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fox O'Neill Shannon S. C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2017

Mailing Address 622 N Water St.  
Ste 500

FEC Identification Number

C [REDACTED]

City Milwaukee

State WI

Zip Code 53202

**Transaction ID : SB21B-39176**  
Amount of Each Disbursement this Period

Purpose of Disbursement Legal

001  
Category/  
Type

[REDACTED] 3472.25

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Check was reversed/voided on 9/19/2017, effective 09/18/2017

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fox O'Neill Shannon S. C.**

Date of Disbursement

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

Mailing Address 622 N Water St  
Ste 500

FEC Identification Number

C [REDACTED]

City Milwaukee

State WI

Zip Code 53202

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

Purpose of Disbursement Legal

001  
Category/  
Type

[REDACTED] 778.75

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

[REDACTED] 909.50

**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. Fox O'Neill Shannon S. C.**

Mailing Address 622 N Water St  
Ste 500

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Legal

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fox O'Neill Shannon S. C.**

Mailing Address 622 N Water St  
Ste 500

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Legal

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fox O'Neill Shannon S. C.**

Mailing Address 622 N Water St  
Ste 500

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Legal

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  
  
**Transaction ID : SB21B-75308**  
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. Fox O'Neill Shannon S. C.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				14				2017					

Mailing Address 622 N Water St  
Ste 500

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Legal

001

Category/  
Type

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-75311

Amount of Each Disbursement this Period

1558.75

Memo Item

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Frontier Communications**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	1	7		
07				10				2017					

Mailing Address PO Box 740407

City  
Cincinnati

State  
OH

Zip Code  
45274

Purpose of Disbursement  
Phone/Internet Services

001

Category/  
Type

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-75313

Amount of Each Disbursement this Period

42.42

Memo Item

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Frontier Communications**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	1	7		
08				18				2017					

Mailing Address PO Box 740407

City  
Cincinnati

State  
OH

Zip Code  
45274

Purpose of Disbursement  
Phone/Internet Services

001

Category/  
Type

Candidate Name

FEC Identification Number

C

Transaction ID : SB21B-75311

Amount of Each Disbursement this Period

42.20

Memo Item

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

**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

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-75317**  
 Amount of Each Disbursement this Period

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

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-75319**  
 Amount of Each Disbursement this Period

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

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-75321**  
 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. 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)..... ▶

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

781.62

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

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

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

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)..... ▶

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

1538.35

**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. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75335

Amount of Each Disbursement this Period

[REDACTED]	558.03
------------	--------

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75337

Amount of Each Disbursement this Period

[REDACTED]	566.68
------------	--------

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75335

Amount of Each Disbursement this Period

[REDACTED]	794.78
------------	--------

Memo Item

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

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

[REDACTED]	1919.49
------------	---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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)..... ▶

1469.00

**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. 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

M	M	/	D	D	/	Y	Y	Y	Y
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

M	M	/	D	D	/	Y	Y	Y	Y
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

M	M	/	D	D	/	Y	Y	Y	Y
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**

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

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75353**  
Amount of Each Disbursement this Period  
[ ] 711.90

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

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75357**  
Amount of Each Disbursement this Period  
[ ] 128.54

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

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75351**  
Amount of Each Disbursement this Period  
[ ] 1657.86

Memo Item

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

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

2498.30
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

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 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75359  
Amount of Each Disbursement this Period  
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

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75361  
Amount of Each Disbursement this Period  
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

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-7536:  
Amount of Each Disbursement this Period  
1991.79

Memo Item

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

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

3714.67



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

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

FOR LINE NUMBER:  
(check only one)

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

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

5465.65

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

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

FOR LINE NUMBER:  
(check only one)

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

M	M	/	D	D	/	Y	Y	Y	Y
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

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-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

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-75371

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. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	7

FEC Identification Number

**Transaction ID : SB21B-76951**  
Amount of Each Disbursement this Period

(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

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
0	7		2	2		2	0	1	7

FEC Identification Number

**Transaction ID : SB21B-76953**  
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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	7

FEC Identification Number

**Transaction ID : SB21B-76951**  
Amount of Each Disbursement this Period

(Credit Card Purchase)

Memo Item

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

<input type="text" value="0.00"/>
-----------------------------------

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

<input type="text" value=""/>
-------------------------------

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 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	9		2	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-76957

Amount of Each Disbursement this Period

[REDACTED]	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
1	0		2	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-76963

Amount of Each Disbursement this Period

[REDACTED]	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	1		2	2		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-76964

Amount of Each Disbursement this Period

[REDACTED]	15.99
------------	-------

(Credit Card Purchase)

Memo Item

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

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

[REDACTED]	0.00
------------	------

[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. Leland Lutfy**

Mailing Address 530 South 7th St.

City Las Vegas State NV Zip Code 89101

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

MM / DD / YYYY  
11 / 29 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75379**  
 Amount of Each Disbursement this Period  
 8081.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City Tampa State FL Zip Code 33607

Purpose of Disbursement Payroll Bank Test  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 / 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)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City Tampa State FL Zip Code 33607

Purpose of Disbursement Payroll Bank Test  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 / 20 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75157**  
 Amount of Each Disbursement this Period  
 0.20

Memo Item

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

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

8081.84

**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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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	7		2	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75163

Amount of Each Disbursement this Period

[REDACTED]	901.29
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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		0	3		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75165

Amount of Each Disbursement this Period

[REDACTED]	859.52
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75167

Amount of Each Disbursement this Period

[REDACTED]	932.27
------------	--------

Memo Item

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

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

[REDACTED]	2693.08
------------	---------

[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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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	7					

FEC Identification Number

C

Transaction ID : SB21B-75169

Amount of Each Disbursement this Period

1	3	5	6	8	9
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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		2	4					

FEC Identification Number

C

Transaction ID : SB21B-75171

Amount of Each Disbursement this Period

1	3	1	0	9	9
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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		3	1					

FEC Identification Number

C

Transaction ID : SB21B-7517:

Amount of Each Disbursement this Period

1	3	0	1	1	8
---	---	---	---	---	---

Memo Item

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

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

3	9	6	8	4	7
---	---	---	---	---	---

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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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company Payment VOIDED

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	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75255

Amount of Each Disbursement this Period

[REDACTED] 1459.31

Memo Item Reverse Corporate ACH Debit - Payment was voided and reissued to 'EWH Accountants'

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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	9		1	4		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75175

Amount of Each Disbursement this Period

[REDACTED] 1838.21

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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	9		2	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75175

Amount of Each Disbursement this Period

[REDACTED] 1381.81

Memo Item

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

[REDACTED] 3220.02

**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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

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 Y Y  
09 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75177  
Amount of Each Disbursement this Period  
23.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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 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)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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 Y Y  
10 / 05 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-7518:  
Amount of Each Disbursement this Period  
1398.67

Memo Item

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

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

2941.99

**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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75185

Amount of Each Disbursement this Period

[REDACTED] 1504.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75187

Amount of Each Disbursement this Period

[REDACTED] 1462.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75188

Amount of Each Disbursement this Period

[REDACTED] 3421.96

Memo Item

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

[REDACTED] 6389.26

**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. National Payment Corporation

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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
11			02			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75191

Amount of Each Disbursement this Period

[REDACTED] 3456.95

Memo Item

Full Name (Last, First, Middle Initial)

### B. National Payment Corporation

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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
11			09			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75193

Amount of Each Disbursement this Period

[REDACTED] 3963.30

Memo Item

Full Name (Last, First, Middle Initial)

### C. National Payment Corporation

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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
11			16			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75191

Amount of Each Disbursement this Period

[REDACTED] 3740.95

Memo Item

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

[REDACTED] 11161.20

**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. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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
11			22			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75197

Amount of Each Disbursement this Period

[REDACTED] 3913.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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
11			30			2017			

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)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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			07			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75201

Amount of Each Disbursement this Period

[REDACTED] 5605.88

Memo Item

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

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

[REDACTED] 12425.76

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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			14			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75203**  
Amount of Each Disbursement this Period  
[ ] 6038.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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			21			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75205**  
Amount of Each Disbursement this Period  
[ ] 6140.81

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Payment Corporation**

Mailing Address 3415 W Cypress St

City  
Tampa

State  
FL

Zip Code  
33607

Purpose of Disbursement  
Payroll Company 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			28			2017			

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-75207**  
Amount of Each Disbursement this Period  
[ ] 5615.43

Memo Item

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

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

17795.05
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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. 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

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-75383**  
 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

001  
 002  
 003  
 004  
 005  
 006  
 007  
 008  
 009  
 010  
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  
07 / 28 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75387  
Amount of Each Disbursement this Period  
111.50

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

001  
 002  
 003  
 004  
 005  
 006  
 007  
 008  
 009  
 010  
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  
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)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign Literature

001  
 002  
 003  
 004  
 005  
 006  
 007  
 008  
 009  
 010  
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  
08 / 11 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-75391  
Amount of Each Disbursement this Period  
56.93

Memo Item

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

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

298.77

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 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-75393**  
 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-75395**  
 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-75397**  
 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  
09 / 01 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75399**  
 Amount of Each Disbursement this Period  
 40.54

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  
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)

**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  
09 / 15 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-7540:**  
 Amount of Each Disbursement this Period  
 79.40

Memo Item

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

222.73

**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 M / D D D / Y Y Y Y Y Y  
09 / 22 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75405**  
 Amount of Each Disbursement this Period  
 38.34

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

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

FEC Identification Number

C  
**Transaction ID : SB21B-75407**  
 Amount of Each Disbursement this Period  
 49.83

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 M / D D D / Y Y Y Y Y Y  
10 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75405**  
 Amount of Each Disbursement this Period  
 120.16

Memo Item

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

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

208.33

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 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  
10 / 13 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75411**  
 Amount of Each Disbursement this Period  
 210.83

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  
10 / 20 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75413**  
 Amount of Each Disbursement this Period  
 169.21

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  
10 / 27 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75411**  
 Amount of Each Disbursement this Period  
 114.71

Memo Item

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

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

494.75

**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. 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 / 03 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75417**  
 Amount of Each Disbursement this Period  
 344.81

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 / 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)

**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 / 17 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75421**  
 Amount of Each Disbursement this Period  
 83.92

Memo Item

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

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

749.35

**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) <b>A. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 11 / 24 / 2017	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21B-75423</b>	
Purpose of Disbursement Campaign Literature		Category/ Type 006	Amount of Each Disbursement this Period 444.63	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21B-75425</b>	
Purpose of Disbursement Campaign Literature		Category/ Type 006	Amount of Each Disbursement this Period 291.95	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 12 / 08 / 2017	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21B-75427</b>	
Purpose of Disbursement Campaign Literature		Category/ Type 006	Amount of Each Disbursement this Period 67.49	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	804.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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

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

FEC Identification Number

**C**  
**Transaction ID : SB21B-75429**  
Amount of Each Disbursement this Period  
439.55

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

M M / D D / Y Y Y Y Y  
12 / 22 / 2017

FEC Identification Number

**C**  
**Transaction ID : SB21B-75431**  
Amount of Each Disbursement this Period  
181.64

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

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

FEC Identification Number

**C**  
**Transaction ID : SB21B-7543:**  
Amount of Each Disbursement this Period  
279.22

Memo Item

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

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

900.41

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 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				0	3				2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75435

Amount of Each Disbursement this Period

[REDACTED] 199.82

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] 284.76

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75447**  
Amount of Each Disbursement this Period

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

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-75451**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Credit Card Payment

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-7545:**  
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**

Date of Disbursement

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

Mailing Address PO Box 609

FEC Identification Number

C [REDACTED]

City Pittsburgh State PA Zip Code 15230-9738

**Transaction ID : SB21B-75455**  
Amount of Each Disbursement this Period

Purpose of Disbursement Bank Fee/Bank Charge  
Candidate Name  
Category/Type 001

[REDACTED] 66.89

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2017

Mailing Address PO Box 609

FEC Identification Number

C [REDACTED]

City Pittsburgh State PA Zip Code 15230-9738

**Transaction ID : SB21B-75455**  
Amount of Each Disbursement this Period

Purpose of Disbursement Bank Fee/Bank Charge  
Candidate Name  
Category/Type 001

[REDACTED] 133.04

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Date of Disbursement

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

Mailing Address PO Box 609

FEC Identification Number

C [REDACTED]

City Pittsburgh State PA Zip Code 15230-9738

**Transaction ID : SB21B-75455**  
Amount of Each Disbursement this Period

Purpose of Disbursement Returned Item Fee/NSF  
Candidate Name  
Category/Type 001

[REDACTED] 36.00

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

Memo Item

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

[REDACTED] 235.93

**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  
Returned Item Fee/NSF

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	9		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75461

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75463

Amount of Each Disbursement this Period

66.82

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	0		0	2		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B-75461

Amount of Each Disbursement this Period

97.98

Memo Item

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

200.80

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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 [REDACTED]

Transaction ID : SB21B-75467

Amount of Each Disbursement this Period

[REDACTED] 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			31			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75473

Amount of Each Disbursement this Period

[REDACTED] 62.32

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 [REDACTED]

Transaction ID : SB21B-7547!

Amount of Each Disbursement this Period

[REDACTED] 0.49

Memo Item

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

[REDACTED] 374.81

**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
11			02			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75477

Amount of Each Disbursement this Period

[REDACTED] 210.88

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			02			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75479

Amount of Each Disbursement this Period

[REDACTED] 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

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 [REDACTED]

Transaction ID : SB21B-75481

Amount of Each Disbursement this Period

[REDACTED] 1289.42

Memo Item

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

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

[REDACTED] 2357.38

[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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75483**  
Amount of Each Disbursement this Period  
[REDACTED] 1875.88

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75485**  
Amount of Each Disbursement this Period  
[REDACTED] 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/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-7550**  
Amount of Each Disbursement this Period  
[REDACTED] 30.03

Memo Item

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

[REDACTED]	2105.91
------------	---------

**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 [REDACTED]  
**Transaction ID : SB21B-75513**  
Amount of Each Disbursement this Period  
[REDACTED] 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			04			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75515**  
Amount of Each Disbursement this Period  
[REDACTED] 754.78

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-75517**  
Amount of Each Disbursement this Period  
[REDACTED] 1473.68

Memo Item

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

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

2385.26
---------

[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-75519

Amount of Each Disbursement this Period

2005.38

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	/	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

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-7555:

Amount of Each Disbursement this Period

840.54

Memo Item

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

2917.90

**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)

**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  
15230-9378

Purpose of Disbursement  
off the top cc fees calculated/estimated

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			31			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-39251**  
Amount of Each Disbursement this Period  
[REDACTED] 4949.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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
11			10			2017			

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75555**  
Amount of Each Disbursement this Period  
[REDACTED] 2123.00

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

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-75555**  
Amount of Each Disbursement this Period  
[REDACTED] 66621.00

Memo Item

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

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

[REDACTED]	73693.20
------------	----------

[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  
Repayment of startup advance

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  
11 / 13 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-39393**  
Amount of Each Disbursement this Period  
30000.00

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

003  
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  
11 / 15 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75559**  
Amount of Each Disbursement this Period  
27535.00

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

003  
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  
11 / 16 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75561**  
Amount of Each Disbursement this Period  
81573.36

Memo Item

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

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

139108.36

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

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

FOR LINE NUMBER: (check only one)

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

003  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75563**  
Amount of Each Disbursement this Period  
70547.25

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 Repayment of startup advance

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-39393**  
Amount of Each Disbursement this Period  
8000.00

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

003  
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B-75561**  
Amount of Each Disbursement this Period  
20700.00

Memo Item

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

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

99247.25

**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. TPF Inc.**

Mailing Address 1835 E Charleston Ste 4

City Las Vegas State NV Zip Code 89104

Purpose of Disbursement fundraising

003

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75567

Amount of Each Disbursement this Period

[Redacted] 56751.15

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

003

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2017

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-75569

Amount of Each Disbursement this Period

[Redacted] 55774.78

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

003

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 [Redacted]

Transaction ID : SB21B-75571

Amount of Each Disbursement this Period

[Redacted] 35500.58

Memo Item

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

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

[Redacted] 148026.51

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

Date of Disbursement

/  /

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

Date of Disbursement

/  /

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

Date of Disbursement

/  /

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-75581**

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. 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

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

FEC Identification Number

C

**Transaction ID : SB21B-75585**

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-7558:**

Amount of Each Disbursement this Period

5	1	5	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	8	1	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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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. 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

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
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

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
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

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
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)..... ▶

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

1	9	5	.	8	3
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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. 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	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	M	/	D	D	D	/	Y	Y	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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75603

Amount of Each Disbursement this Period

[REDACTED] 71.94

Memo Item

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

[REDACTED] 251.50

**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 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2017

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2017

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2017

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2017

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2017

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2017

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)..... ▶

[REDACTED] 763.96

**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 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 [REDACTED]

Transaction ID : SB21B-75629

Amount of Each Disbursement this Period

[REDACTED] 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 [REDACTED]

Transaction ID : SB21B-75631

Amount of Each Disbursement this Period

[REDACTED] 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	1		2	0	1	7	7	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-7563:

Amount of Each Disbursement this Period

[REDACTED] 354.12

Memo Item

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

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

[REDACTED] 842.61

[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	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75635

Amount of Each Disbursement this Period

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	/	D	D	/	Y	Y	Y	Y
12			22			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75637

Amount of Each Disbursement this Period

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	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75635

Amount of Each Disbursement this Period

260.97
--------

Memo Item

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

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

934.26
--------

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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. 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)..... ▶

84.84

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





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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
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			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

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			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

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			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)..... ▶

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

[ ]	146.06
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[ ]	
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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. 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	/	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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)..... ▶

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

[REDACTED] 166.14

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin 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	/	D	D	/	Y	Y	Y	Y
12			29			2017			

FEC Identification Number

C

Transaction ID : SB21B-75671

Amount of Each Disbursement this Period

55.38
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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	/	D	D	/	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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

55.38
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775891.87
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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 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

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

Full Name (Last, First, Middle Initial) <b>A. STANDING BY VETERANS PAC INC</b>			Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 8444 County Rd M			FEC Identification Number C00622464 <b>Transaction ID : SB22-75439</b>	
City Fredonia	State WI	Zip Code 53021	Amount of Each Disbursement this Period 2560.00	
Purpose of Disbursement Credit Card Payment Assistance		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>STANDING BY VETERANS PAC INC</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. STANDING BY VETERANS PAC INC</b>			Date of Disbursement MM / DD / YYYY 08 / 09 / 2017	
Mailing Address 8444 County Rd M			FEC Identification Number C00622464 <b>Transaction ID : SB22-75449</b>	
City Fredonia	State WI	Zip Code 53021	Amount of Each Disbursement this Period 1440.00	
Purpose of Disbursement Credit Card Payment Assistance		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>STANDING BY VETERANS PAC INC</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. US Veterans Assistance Foundation</b>			Date of Disbursement MM / DD / YYYY 11 / 07 / 2017	
Mailing Address PO Box 609			FEC Identification Number C00653386 <b>Transaction ID : SB22-75579</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period 95000.00	
Purpose of Disbursement TPFE Invoice Payment Assistance		Category/ Type 008	Memo Item <input type="checkbox"/>	
Candidate Name <b>US Veterans Assistance Foundation</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	99000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	99000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 174 OF 174
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TPFE Inc.</b>			Nature of Debt (Purpose): Startup funds advance/loan
Mailing Address 1835 E Charleston Ste 4			
City Las Vegas	State NV	Zip Code 89104	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD-S187095	
Amount Incurred This Period 38000.00	Payment This Period 38000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	