

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICANS FOR THE CURE OF BREAST CANCER

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

2. FEC IDENTIFICATION NUMBER C C00660233 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 10 / 18 / 2018 through 11 / 26 / 2018

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

Signature of Treasurer PIARO, ROBERT, , , [Electronically Filed] Date 12 / 06 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICANS FOR THE CURE OF BREAST CANCER**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date       |
|--|--|---|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2018"/>  | <input type="text" value="0.00"/>      | <input type="text" value="0.00"/>       |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="155509.93"/> |   |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="112906.00"/> | <input type="text" value="1335852.66"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="268415.93"/> | <input type="text" value="1335852.66"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="94872.54"/>  | <input type="text" value="1162309.27"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="173543.39"/> | <input type="text" value="173543.39"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |   |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICANS FOR THE CURE OF BREAST CANCER**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 4290.00                       | 13575.00                          |
| (ii) Unitemized .....   | 108616.00                     | 1322277.66                        |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 112906.00                     | 1335852.66                        |
| (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) .....  | 112906.00                     | 1335852.66                        |
| 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                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 112906.00                     | 1335852.66                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 112906.00                     | 1335852.66                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 94872.54                      | 1162309.27                        |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 94872.54                      | 1162309.27                        |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 94872.54                      | 1162309.27                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 94872.54                      | 1162309.27                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 112906.00                             | 1335852.66                                |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 112906.00                             | 1335852.66                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 94872.54                              | 1162309.27                                |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 94872.54                              | 1162309.27                                |

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

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

FOR LINE NUMBER: PAGE 6 OF 35  
(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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**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) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2018  
**Transaction ID : SA11AI-8520031**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. ALVIS, PATRICIA K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 176 TIMBER RIDGE DR  
 City VASSAR State MI Zip Code 48768  
 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 ▼ 230.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : SA11AI-8518783**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. BATTY, JUDITH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 E MYRTLE ST  
 City FORT COLLINS State CO Zip Code 80524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2018  
**Transaction ID : SA11AI-8518495**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 35                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. BROTZ, ROMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 RIDGEWOOD LN  
 City SHEBOYGAN State WI Zip Code 53081  
 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 ▼ 1500.00

Date of Receipt 11 / 16 / 2018  
**Transaction ID : SA11AI-8521611**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. CACHAT, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1281 PEACOCK HILL DR  
 City SANTA ANA State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPA Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI-8518371**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. CHERKAS, TATIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 BALBOA ST  
 City SAN FRANCISCO State CA Zip Code 94118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : SA11AI-8517939**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 35                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. DALESSANDRO, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5660 BOLLA CT  
 City FORT MYERS State FL Zip Code 33919  
 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 10 / 22 / 2018  
**Transaction ID : SA11AI-8524147**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. EASTERBROOK, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18375 VENTURA BLVD # 519  
 City TARZANA State CA Zip Code 91356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIFFERENT PEOPLE Occupation (for Individual) ACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 22 / 2018  
**Transaction ID : SA11AI-8517117**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. ELWELL, WILLIAM G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8428 18TH AVE SW  
 City SEATTLE State WA Zip Code 98106  
 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 ▼ 235.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : SA11AI-8518393**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 375.00  
**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 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. HANDLEY, ROSIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3709 W 13TH AVE  
 City PINE BLUFF State AR Zip Code 71603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 12 / 2018  
**Transaction ID : SA11AI-8521003**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. JACOBS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 759  
 City TRENT State SD Zip Code 57065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KNJ TRUCKING Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2018  
**Transaction ID : SA11AI-8519175**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. KALLSTROM, WAYNE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1582  
 City BENTONVILLE State AR Zip Code 72712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) UTILITY WORK  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 31 / 2018  
**Transaction ID : SA11AI-8518617**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 35   |
| <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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

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

Mailing Address 638 TURNEY RD

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>AUBURN TOWN | State<br>TN | Zip Code<br>37016 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>MJ HARRIS | Occupation (for Individual)<br>CONSTRUCTION SUPERVISOR |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 22  | / | 2018    |

**Transaction ID : SA11AI-8517363**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 638 TURNEY RD

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>AUBURN TOWN | State<br>TN | Zip Code<br>37016 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>MJ HARRIS | Occupation (for Individual)<br>CONSTRUCTION SUPERVISOR |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  | / | 12  | / | 2018    |

**Transaction ID : SA11AI-8521175**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 202 MASTERWOOD WAY

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>MORRISVILLE | State<br>NC | Zip Code<br>27560 |
|---------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>BURDAVE | Occupation (for Individual)<br>ENGINEER |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 31  | / | 2018    |

**Transaction ID : SA11AI-8518661**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00 |
| <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 35   |
| <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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. PELLEGRINI, BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32707 US HIGHWAY 97

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>OROVILLE | State<br>WA | Zip Code<br>98844 |
|------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Best Efforts | Occupation (for Individual)<br>Best Efforts |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2018  
**Transaction ID : SA11AI-8518287**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. SEAWELL, JOEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1327 WINSTEAD PL

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>GREENSBORO | State<br>NC | Zip Code<br>27408 |
|--------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Best Efforts | Occupation (for Individual)<br>PHOTOGRAPHER |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2018  
**Transaction ID : SA11AI-8519429**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. STATON, DEBBIE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14394 HIGHWAY UU

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>BOWLING GREEN | State<br>MO | Zip Code<br>63334 |
|-----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>5 G AQUISITIONS | Occupation (for Individual)<br>MGR OUTBOUND SERVICES |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2018  
**Transaction ID : SA11AI-8518721**

Amount of Each Receipt this Period  
 50.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00 |
| <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 12 OF 35                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. TAYLOR, CHARMAINE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 SW 92ND PL  
 City OKLAHOMA CITY State OK Zip Code 73139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : SA11AI-8518005**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. WOLF, DAVID M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 W 4TH ST  
 City EAST GREENVILLE State PA Zip Code 18041  
 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 ▼ 210.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : SA11AI-8519461**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1110.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 4290.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Hammen, Michelle, , ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 19 / 2018   |                                       |
| Mailing Address W4960 Kohler Drive  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-94205</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 209.06 |                                       |
| City<br>Fredonia  | State<br>WI  | Zip Code<br>53021  | Category/<br>Type<br>001              |
| Purpose of Disbursement<br>Payroll  |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State:<br>District:   |  |  |                                       |

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Hammen, Michelle, , ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 26 / 2018   |                                       |
| Mailing Address W4960 Kohler Drive  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-94211</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 209.07 |                                       |
| City<br>Fredonia  | State<br>WI  | Zip Code<br>53021  | Category/<br>Type<br>001              |
| Purpose of Disbursement<br>Payroll  |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State:<br>District:   |  |  |                                       |

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Hammen, Michelle, , ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 02 / 2018   |                                       |
| Mailing Address W4960 Kohler Drive  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-94211</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 209.06 |                                       |
| City<br>Fredonia  | State<br>WI  | Zip Code<br>53021  | Category/<br>Type<br>001              |
| Purpose of Disbursement<br>Payroll  |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State:<br>District:   |  |  |                                       |

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

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

|                   |
|-------------------|
| [REDACTED] 627.19 |
| [REDACTED]        |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Hammen, Michelle, , ,**

Full Name (Last, First, Middle Initial)

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: 11 / 09 / 2018

FEC Identification Number: C  
Transaction ID : SB21B-94223  
Amount of Each Disbursement this Period: 209.08

Memo Item

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

Full Name (Last, First, Middle Initial)

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: 11 / 16 / 2018

FEC Identification Number: C  
Transaction ID : SB21B-94231  
Amount of Each Disbursement this Period: 209.06

Memo Item

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

Full Name (Last, First, Middle Initial)

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: 11 / 23 / 2018

FEC Identification Number: C  
Transaction ID : SB21B-94231  
Amount of Each Disbursement this Period: 209.06

Memo Item

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

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

627.20

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piaro, Robert, , ,</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 19 / 2018   |  |
| Mailing Address 8444 County Road M  |  |  |  |
| City<br>Fredonia  | State<br>WI  | Zip Code<br>53021  |  |
| Purpose of Disbursement<br>Payroll  |  | <input type="text" value="001"/><br>Category/Type  |  |
| Candidate Name  |  | FEC Identification Number<br><input type="text" value="C"/><br><b>Transaction ID : SB21B-94203</b><br>Amount of Each Disbursement this Period<br><input type="text" value="535.08"/> |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piaro, Robert, , ,</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 26 / 2018   |  |
| Mailing Address 8444 County Road M  |  |  |  |
| City<br>Fredonia  | State<br>WI  | Zip Code<br>53021  |  |
| Purpose of Disbursement<br>Payroll  |  | <input type="text" value="001"/><br>Category/Type  |  |
| Candidate Name  |  | FEC Identification Number<br><input type="text" value="C"/><br><b>Transaction ID : SB21B-94209</b><br>Amount of Each Disbursement this Period<br><input type="text" value="535.09"/> |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Piaro, Robert, , ,</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 02 / 2018   |  |
| Mailing Address 8444 County Road M  |  |  |  |
| City<br>Fredonia  | State<br>WI  | Zip Code<br>53021  |  |
| Purpose of Disbursement<br>Payroll  |  | <input type="text" value="001"/><br>Category/Type  |  |
| Candidate Name  |  | FEC Identification Number<br><input type="text" value="C"/><br><b>Transaction ID : SB21B-9421!</b><br>Amount of Each Disbursement this Period<br><input type="text" value="535.08"/> |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: District:  | <input type="checkbox"/> 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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

|   |  |  |  |                          |  |
|---|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piaro, Robert, , ,</b>   |  |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 09 / 2018 |                          |  |
| Mailing Address 8444 County Road M  |  |  |  |                          |  |
| City<br>Fredonia  |  | State<br>WI  | Zip Code<br>53021  |                          |  |
| Purpose of Disbursement<br>Payroll  |  |  |  | Category/<br>Type<br>001 |  |
| Candidate Name  |  |  |  |                          |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |  |
| State: District:  |  | <input type="checkbox"/> Memo Item   |  |                          |  |

FEC Identification Number  
C [ ]  
**Transaction ID : SB21B-94221**  
Amount of Each Disbursement this Period  
[ ] 535.08

|   |  |  |  |                          |  |
|---|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piaro, Robert, , ,</b>   |  |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 13 / 2018 |                          |  |
| Mailing Address 8444 County Road M  |  |  |  |                          |  |
| City<br>Fredonia  |  | State<br>WI  | Zip Code<br>53021  |                          |  |
| Purpose of Disbursement<br>reimbursement-phn bill   |  |  |  | Category/<br>Type<br>001 |  |
| Candidate Name  |  |  |  |                          |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |  |
| State: District:  |  | <input type="checkbox"/> Memo Item   |  |                          |  |

FEC Identification Number  
C [ ]  
**Transaction ID : SB21B-94227**  
Amount of Each Disbursement this Period  
[ ] 69.25

|   |  |  |  |                          |  |
|---|--|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Piaro, Robert, , ,</b>   |  |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 16 / 2018 |                          |  |
| Mailing Address 8444 County Road M  |  |  |  |                          |  |
| City<br>Fredonia  |  | State<br>WI  | Zip Code<br>53021  |                          |  |
| Purpose of Disbursement<br>Payroll  |  |  |  | Category/<br>Type<br>001 |  |
| Candidate Name  |  |  |  |                          |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |  |
| State: District:  |  | <input type="checkbox"/> Memo Item   |  |                          |  |

FEC Identification Number  
C [ ]  
**Transaction ID : SB21B-94228**  
Amount of Each Disbursement this Period  
[ ] 535.08

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 1139.41 |
| <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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. Piaro, Robert, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 23 / 2018

FEC Identification Number: C  
Transaction ID : SB21B-94235  
Amount of Each Disbursement this Period: 535.09

Memo Item

**B. Stetler, Melissa, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd. Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 10 / 19 / 2018

FEC Identification Number: C  
Transaction ID : SB21B-94207  
Amount of Each Disbursement this Period: 192.33

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd. Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 10 / 26 / 2018

FEC Identification Number: C  
Transaction ID : SB21B-94211  
Amount of Each Disbursement this Period: 192.34

Memo Item

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

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

919.76

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. Stetler, Melissa, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd.  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 11 / 02 / 2018

FEC Identification Number C  
Transaction ID : SB21B-94219  
Amount of Each Disbursement this Period 192.33

Memo Item

**B. Stetler, Melissa, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd.  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 11 / 09 / 2018

FEC Identification Number C  
Transaction ID : SB21B-94225  
Amount of Each Disbursement this Period 192.35

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd.  
Apt 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 11 / 16 / 2018

FEC Identification Number C  
Transaction ID : SB21B-9423:  
Amount of Each Disbursement this Period 192.33

Memo Item

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

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

577.01

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. Stetler, Melissa, , ,**

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

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-94239**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

**001**  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-93367**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software/Software Licensing Payment

**001**  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-93368**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

|   |  |                          |  |  |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Technology Services LLC</b>                                     |  |                          | Date of Disbursement<br>MM / DD / YYYY<br>11 / 07 / 2018   |  |
| Mailing Address 125 North 2nd Street<br>Unit 110 Box 241  |  |                          | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93371</b><br>Amount of Each Disbursement this Period<br>5289.76 |  |
| City<br>Phoenix   | State<br>AZ  | Zip Code<br>85250        | Memo Item <input type="checkbox"/>   |  |
| Purpose of Disbursement<br>Software/Software Licensing Payment  |  | Category/<br>Type<br>001 |  |  |
| Candidate Name  |  |                          |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |  |  |
| State:<br>District:   |  |                          |  |  |

|   |  |                          |  |  |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Technology Services LLC</b>                                     |  |                          | Date of Disbursement<br>MM / DD / YYYY<br>11 / 14 / 2018   |  |
| Mailing Address 125 North 2nd Street<br>Unit 110 Box 241  |  |                          | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93373</b><br>Amount of Each Disbursement this Period<br>9708.96 |  |
| City<br>Phoenix   | State<br>AZ  | Zip Code<br>85250        | Memo Item <input type="checkbox"/>   |  |
| Purpose of Disbursement<br>Software/Software Licensing Payment  |  | Category/<br>Type<br>001 |  |  |
| Candidate Name  |  |                          |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |  |  |
| State:<br>District:   |  |                          |  |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Technology Services LLC</b>                                     |  |                          | Date of Disbursement<br>MM / DD / YYYY<br>11 / 21 / 2018  |  |
| Mailing Address 125 North 2nd Street<br>Unit 110 Box 241  |  |                          | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93371</b><br>Amount of Each Disbursement this Period<br>271.20 |  |
| City<br>Phoenix   | State<br>AZ  | Zip Code<br>85250        | Memo Item <input type="checkbox"/>  |  |
| Purpose of Disbursement<br>Software/Software Licensing Payment  |  | Category/<br>Type<br>001 |   |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |   |  |
| State:<br>District:   |  |                          |   |  |

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

15269.92

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Blankrome**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Logan Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Legal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B-93395

Amount of Each Disbursement this Period: 1249.50

Memo Item

**B. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Pmt Processing/Verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21B-93463

Amount of Each Disbursement this Period: 7938.96

Memo Item

**C. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Credit Card Pmt Processing/Verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B-93461

Amount of Each Disbursement this Period: 9787.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18976.24

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Compliance Consultants LLC</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>11 / 07 / 2018                         |
| Mailing Address 1345 N Jefferson St #454   |   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93467</b> |
| City Milwaukee   | State WI  | Zip Code 53202   |
| Purpose of Disbursement<br>Credit Card Pmt Processing/Verifications  |   | 001<br>Category/Type   |
| Candidate Name   |   | Amount of Each Disbursement this Period<br>7507.93                               |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   | <input type="checkbox"/> Memo Item  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Compliance Consultants LLC</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>11 / 14 / 2018                         |
| Mailing Address 1345 N Jefferson St #454   |   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93469</b> |
| City Milwaukee   | State WI  | Zip Code 53202   |
| Purpose of Disbursement<br>Credit Card Pmt Processing/Verifications  |   | 001<br>Category/Type   |
| Candidate Name   |   | Amount of Each Disbursement this Period<br>13780.66                              |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   | <input type="checkbox"/> Memo Item  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Compliance Consultants LLC</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>11 / 21 / 2018                         |
| Mailing Address 1345 N Jefferson St #454   |   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93471</b> |
| City Milwaukee   | State WI  | Zip Code 53202   |
| Purpose of Disbursement<br>Credit Card Pmt Processing/Verifications  |   | 001<br>Category/Type   |
| Candidate Name   |   | Amount of Each Disbursement this Period<br>384.71                                |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   | <input type="checkbox"/> Memo Item  |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 21673.30 |
| <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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. ComputerWild Inc**

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

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-93483**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Department of Workforce Development**

Mailing Address 6083 N Teutonia Ave  
PO Box 09999

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement  
State Unemployment

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-93485**  
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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-93531**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. EWH Small Business Accounting S.C.</b>                                   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 24 / 2018                         |
| Mailing Address 20670 Watertown Rd<br>Ste 1040  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93541</b> |
| City<br>Waukesha  | State<br>WI  | Zip Code<br>53186-1867   |
| Purpose of Disbursement<br>Accounting Services  |  | Amount of Each Disbursement this Period<br>49.51                                 |
| Candidate Name  |  | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. EWH Small Business Accounting S.C.</b>                                   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 31 / 2018                         |
| Mailing Address 20670 Watertown Rd<br>Ste 1040  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93543</b> |
| City<br>Waukesha  | State<br>WI  | Zip Code<br>53186-1867   |
| Purpose of Disbursement<br>Accounting Services  |  | Amount of Each Disbursement this Period<br>51.61                                 |
| Candidate Name  |  | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. EWH Small Business Accounting S.C.</b>                                   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 07 / 2018                         |
| Mailing Address 20670 Watertown Rd<br>Ste 1040  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93544</b> |
| City<br>Waukesha  | State<br>WI  | Zip Code<br>53186-1867   |
| Purpose of Disbursement<br>Accounting Services  |  | Amount of Each Disbursement this Period<br>51.61                                 |
| Candidate Name  |  | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

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

152.73

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. EWH Small Business Accounting S.C.</b>                                   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 14 / 2018                         |
| Mailing Address 20670 Watertown Rd<br>Ste 1040  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93547</b> |
| City<br>Waukesha  | State<br>WI  | Zip Code<br>53186-1867   |
| Purpose of Disbursement<br>Accounting Services  |  | Category/Type<br>001   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>103.22                                |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. EWH Small Business Accounting S.C.</b>                                   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 20 / 2018                         |
| Mailing Address 20670 Watertown Rd<br>Ste 1040  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93549</b> |
| City<br>Waukesha  | State<br>WI  | Zip Code<br>53186-1867   |
| Purpose of Disbursement<br>Accounting Services  |  | Category/Type<br>001   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>404.20                                |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Internal Revenue Service</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 19 / 2018                         |
| Mailing Address PO Box 804521   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93617</b> |
| City<br>Cincinnati  | State<br>OH  | Zip Code<br>45280-4521   |
| Purpose of Disbursement<br>Federal Payroll Withholding  |  | Category/Type<br>001   |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>536.42                                |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

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

1043.84

**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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

**A. Internal Revenue Service**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 804521

City Cincinnati State OH Zip Code 45280-4521

Purpose of Disbursement Federal Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B-93619

Amount of Each Disbursement this Period: 536.36

Memo Item

**B. Internal Revenue Service**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 804521

City Cincinnati State OH Zip Code 45280-4521

Purpose of Disbursement Federal Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B-93621

Amount of Each Disbursement this Period: 94.63

Memo Item

**C. Internal Revenue Service**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 804521

City Cincinnati State OH Zip Code 45280-4521

Purpose of Disbursement Federal Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B-9362:

Amount of Each Disbursement this Period: 536.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1167.41

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Internal Revenue Service</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 09 / 2018   |
| Mailing Address PO Box 804521   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93625</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 536.34 |
| City Cincinnati   | State OH   | Zip Code 45280-4521  |
| Purpose of Disbursement<br>Federal Payroll Withholding  |  | 001<br>Category/Type   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 16 / 2018   |
| Mailing Address PO Box 804521   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93627</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 536.42 |
| City Cincinnati   | State OH   | Zip Code 45280-4521  |
| Purpose of Disbursement<br>Federal Payroll Withholding  |  | 001<br>Category/Type   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Internal Revenue Service</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 23 / 2018   |
| Mailing Address PO Box 804521   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B-93628</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 536.40 |
| City Cincinnati   | State OH   | Zip Code 45280-4521  |
| Purpose of Disbursement<br>Federal Payroll Withholding  |  | 001<br>Category/Type   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|  |                    |
|--|--------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 1609.16 |
| <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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement Bank Fee  
Candidate Name  
Category/Type 001

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 / 23 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B-93903  
Amount of Each Disbursement this Period  
73.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

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

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 / 25 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B-93905  
Amount of Each Disbursement this Period  
20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

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

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 / 25 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B-93907  
Amount of Each Disbursement this Period  
20.00

Memo Item

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

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

113.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
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-93909**  
Amount of Each Disbursement this Period

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

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-93911**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-93911**  
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)  
**AMERICANS FOR THE CURE OF BREAST CANCER**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
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 |   |   | 06 |   |   | 2018 |   |   |   |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-93915

Amount of Each Disbursement this Period

[REDACTED] 40.02

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 |   |   | 06 |   |   | 2018 |   |   |   |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-93917

Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 06 |   |   | 2018 |   |   |   |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-93915

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

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

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

[REDACTED] 95.02

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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

MM / DD / YYYY  
11 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-93921  
Amount of Each Disbursement this Period  
20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-93923  
Amount of Each Disbursement this Period  
45.72

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

MM / DD / YYYY  
11 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-93921  
Amount of Each Disbursement this Period  
75.00

Memo Item

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

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

140.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21B-94011

Amount of Each Disbursement this Period: 2706.60

Memo Item

**B. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B-94013

Amount of Each Disbursement this Period: 3338.40

Memo Item

**C. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B-94011

Amount of Each Disbursement this Period: 2558.40

Memo Item

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

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

8603.40



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B-94017

Amount of Each Disbursement this Period: 4699.50

Memo Item

**B. Unified Data Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB21B-94019

Amount of Each Disbursement this Period: 132.60

Memo Item

**C. Wisconsin Department of Revenue**

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement: 10 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B-94031

Amount of Each Disbursement this Period: 59.07

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4891.17

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 26    |   | 2018      |

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-94041**  
Amount of Each Disbursement this Period

[ ] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 02    |   | 2018      |

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-94043**  
Amount of Each Disbursement this Period

[ ] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 09    |   | 2018      |

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-94044**  
Amount of Each Disbursement this Period

[ ] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 177.21

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department 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-94047**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

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-94049**  
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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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