Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Association for Emergency Responders & Firefighters PAC, Inc. 8444 County Rd M ADDRESS (number and street) (Check if address is changed) Fredonia 53021 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bob.piaro@1responders.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00622472 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Piaro, Robert, , , Type or Print Name of Treasurer Piaro, Robert, , , [Electronically Filed] 80 16 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
Car	ndidate	didate Committee:					
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate				
	ne of didate						
	didate y Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	ne of didate						
Par	ty Con	nmittee:					
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.				
Pol	itical A	ction Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joir	nt Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Comm	ittee Name	
Associatio	n for Emergency Responders & Firefighters PAC,	Inc.
6. Name of Any Co	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC Sponsor
STANDING BY	YETERANS PAC, INC.	
Mailing Address	8444 COUNTY RD M	
Mailing Addices		
	FREDONIA WI 53021	
	CITY STATE ZIP	CODE
Relationship:	Connected Organization X Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
. Custodian of Rec books and records	cords: Identify by name, address (phone number optional) and position of the person in possess.	sion of committee
	Piaro, Robert, , ,	1
Full Name	,8444 County Rd. M	
Mailing Address		
	Fredonia WI 53021	
Title or Position	CITY STATE ZIP	CODE
Treasurer		2157
	e name and address (phone number optional) of the treasurer of the committee; and the name a ent (e.g., assistant treasurer).	and address of
Full Name of Treasurer	Piaro, Robert, , ,	
Mailing Address	8444 County Rd. M	
	Fredonia WI 53021	
Title or Position	CITY STATE ZIP	CODE
Treasurer	262 692	- 2157

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Full Name of Designated	Piaro, Robert, , ,					
Agent	₁ 8444 County Rd M					
Mailing Address						
	Fredonia	53021				
	CITY STATE	ZIP CODE				
Title or Position Assistant Treas	urer Z	262 - 692 - 2157				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. State Bank of Newburg						
Mailing Address	300 Congress Dr					
	PO Box 20					
	Newburg	53060				
	CITY STATE	ZIP CODE				
Name of Bank,	Depository, etc.					
Mailing Address						

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: