

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ASSOCIATION FOR FIREFIGHTERS PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2019"/> | <input type="text" value="581.08"/> | <input type="text" value="581.08"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="470.49"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="3790.00"/> | <input type="text" value="16964.12"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="4260.49"/> | <input type="text" value="17545.20"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="2028.05"/> | <input type="text" value="15312.76"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="2232.44"/> | <input type="text" value="2232.44"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION FOR FIREFIGHTERS PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1375.00 | 6540.00 |
| (ii) Unitemized | 2385.00 | 10304.12 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 3760.00 | 16844.12 |
| (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) | 3760.00 | 16844.12 |
| 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)..... | 30.00 | 120.00 |
| 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)).....▶ | 3790.00 | 16964.12 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 3790.00 | 16964.12 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 2028.05 | 15312.76 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2028.05 | 15312.76 |
| 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)) .. | 2028.05 | 15312.76 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2028.05 | 15312.76 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 3760.00 | 16844.12 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3760.00 | 16844.12 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2028.05 | 15312.76 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 30.00 | 120.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1998.05 | 15192.76 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 16 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

A. Abbott & Shaprio, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Corporate Drive - #215
 City Shelton State CT Zip Code 06484
 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 ▼ 295.00

Date of Receipt 11 / 14 / 2019
Transaction ID : SA11AI.5854
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Blackstones Of Southport Inc (Steakhouse)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 181 Main Street
 City Fairfield State CT Zip Code 06890
 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 ▼ 500.00

Date of Receipt 12 / 05 / 2019
Transaction ID : SA11AI.5923
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gen-El-Mec Associates
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 FOX HOLLOW ROAD
 City OXFORD State CT Zip Code 06478
 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 ▼ 350.00

Date of Receipt 12 / 06 / 2019
Transaction ID : SA11AI.5927
 Amount of Each Receipt this Period 175.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 525.00 |
| 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 16 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

A. Mici Asian Bistro
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Broadway
 City Trumbull State CT Zip Code 06611
 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 ▼ 250.00

Date of Receipt 12 / 06 / 2019
Transaction ID : SA11AI.5926
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Park Road Cleaners
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 Park Road
 City West Hartford State CT Zip Code 06119
 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 ▼ 250.00

Date of Receipt 12 / 02 / 2019
Transaction ID : SA11AI.5920
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Primo Deli
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Bridge St
 City New Milford State CT Zip Code 06776
 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 ▼ 300.00

Date of Receipt 11 / 21 / 2019
Transaction ID : SA11AI.5856
 Amount of Each Receipt this Period 150.00
 Memo Item

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 OF 16 |
| | (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)
ASSOCIATION FOR FIREFIGHTERS PAC

A. Rio Bravo Mexican Restaurant
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 770 COMMERCE DRIVE

| | | |
|-------------------|-------------|-------------------|
| City FAIRFIELD | State CT | Zip Code 06825 |
|-------------------|-------------|-------------------|

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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 02 | / | 2019 |

Transaction ID : SA11AI.5919

Amount of Each Receipt this Period
150.00

Memo Item

B. STAMFORD MARBLE IMPORTS CO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Camp Ave

| | | |
|------------------|-------------|-------------------|
| City Stamford | State CT | Zip Code 06907 |
|------------------|-------------|-------------------|

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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 26 | / | 2019 |

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address _____

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 450.00 |
| TOTAL This Period (last page this line number only)..... | 1375.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. Johnson, Gary, , , | | Date of Disbursement MM / DD / YYYY 11 / 14 / 2019 | |
| Mailing Address 40 Lorann Drive | | FEC Identification Number C [] Transaction ID : SB21B.5886 Amount of Each Disbursement this Period [] 340.00 | |
| City Naugatuck | State CT | Zip Code 06770 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. Johnson, Gary, , , | | Date of Disbursement MM / DD / YYYY 11 / 21 / 2019 | |
| Mailing Address 40 Lorann Drive | | FEC Identification Number C [] Transaction ID : SB21B.5888 Amount of Each Disbursement this Period [] 280.00 | |
| City Naugatuck | State CT | Zip Code 06770 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. Johnson, Gary, , , | | Date of Disbursement MM / DD / YYYY 11 / 26 / 2019 | |
| Mailing Address 40 Lorann Drive | | FEC Identification Number C [] Transaction ID : SB21B.5891 Amount of Each Disbursement this Period [] 240.00 | |
| City Naugatuck | State CT | Zip Code 06770 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 860.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. Johnson, Gary, , , | | Date of Disbursement MM / DD / YYYY 12 / 05 / 2019 | |
| Mailing Address 40 Lorann Drive | | FEC Identification Number C [] Transaction ID : SB21B.5901 Amount of Each Disbursement this Period [] 260.00 | |
| City Naugatuck | State CT | Zip Code 06770 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. Johnson, Gary, , , | | Date of Disbursement MM / DD / YYYY 12 / 06 / 2019 | |
| Mailing Address 40 Lorann Drive | | FEC Identification Number C [] Transaction ID : SB21B.5902 Amount of Each Disbursement this Period [] 170.00 | |
| City Naugatuck | State CT | Zip Code 06770 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. Johnson, Gary, , , | | Date of Disbursement MM / DD / YYYY 12 / 11 / 2019 | |
| Mailing Address 40 Lorann Drive | | FEC Identification Number C [] Transaction ID : SB21B.5903 Amount of Each Disbursement this Period [] 130.00 | |
| City Naugatuck | State CT | Zip Code 06770 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

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

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

| |
|------------|
| [] 560.00 |
| [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. Johnson, Gary, , , | | Date of Disbursement MM / DD / YYYY 12 / 13 / 2019 | |
| Mailing Address 40 Lorann Drive | | FEC Identification Number C [] Transaction ID : SB21B.5904 Amount of Each Disbursement this Period [] 114.00 | |
| City Naugatuck | State CT | Zip Code 06770 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mercury #37 | | Date of Disbursement MM / DD / YYYY 12 / 02 / 2019 | |
| Mailing Address Thomaston Avenue | | FEC Identification Number C [] Transaction ID : SB21B.5893 Amount of Each Disbursement this Period [] 25.00 | |
| City Waterbury | State CT | Zip Code 06704 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. Mercury #37 | | Date of Disbursement MM / DD / YYYY 12 / 09 / 2019 | |
| Mailing Address Thomaston Avenue | | FEC Identification Number C [] Transaction ID : SB21B.5897 Amount of Each Disbursement this Period [] 20.00 | |
| City Waterbury | State CT | Zip Code 06704 | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 159.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

A. Mercury #37

Full Name (Last, First, Middle Initial)

Mailing Address Thomaston Avenue

City Waterbury State CT Zip Code 06704

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 12 / 2019

FEC Identification Number: C
Transaction ID : SB21B.5898
 Amount of Each Disbursement this Period: 25.00

Memo Item

B. Mercury #37

Full Name (Last, First, Middle Initial)

Mailing Address Thomaston Avenue

City Waterbury State CT Zip Code 06704

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 12 / 16 / 2019

FEC Identification Number: C
Transaction ID : SB21B.5900
 Amount of Each Disbursement this Period: 25.00

Memo Item

C. Nationbuilder

Full Name (Last, First, Middle Initial)

Mailing Address 520 South Grand Avenue
2nd Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 10 / 07 / 2019

FEC Identification Number: C
Transaction ID : SB21B.5874
 Amount of Each Disbursement this Period: 29.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 79.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Nationbuilder | | Date of Disbursement MM / DD / YYYY 11 / 07 / 2019 |
| Mailing Address 520 South Grand Avenue 2nd Floor | | FEC Identification Number C [] Transaction ID : SB21B.5884 Amount of Each Disbursement this Period [] 29.00 |
| City Los Angeles | State CA | Zip Code 90071 |
| Purpose of Disbursement | Category/Type [] | |
| Candidate Name | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Nationbuilder | | Date of Disbursement MM / DD / YYYY 12 / 09 / 2019 |
| Mailing Address 520 South Grand Avenue 2nd Floor | | FEC Identification Number C [] Transaction ID : SB21B.5896 Amount of Each Disbursement this Period [] 29.00 |
| City Los Angeles | State CA | Zip Code 90071 |
| Purpose of Disbursement | Category/Type [] | |
| Candidate Name | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Td Bank | | Date of Disbursement MM / DD / YYYY 10 / 31 / 2019 |
| Mailing Address 2 West Main Street | | FEC Identification Number C [] Transaction ID : SB21B.5881 Amount of Each Disbursement this Period [] 40.00 |
| City Waterbury | State CT | Zip Code 06702 |
| Purpose of Disbursement | Category/Type [] | |
| Candidate Name | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 98.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION FOR FIREFIGHTERS PAC

Full Name (Last, First, Middle Initial)

A. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 26 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5892
Amount of Each Disbursement this Period
40.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Td Bank

Mailing Address 2 West Main Street

City Waterbury State CT Zip Code 06702

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2019

FEC Identification Number

C
Transaction ID : SB21B.5905
Amount of Each Disbursement this Period
40.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

80.00
1836.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ASSOCIATION FOR FIREFIGHTERS PAC** Transaction ID : **SC/10.4860**

| | | | |
|--|-------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Safety Support LLC | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 50 Waterbury Road - Suite#210 | | | |
| City Prospect | State CT | ZIP Code 06712 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1000.00 | 2000.00 | - 1000.00 |

TERMS

| | | | |
|----------------------------------|------------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY 04 / 19 / 2018 | MM / DD / YYYY 06/01/2018 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|---------------|
| SUBTOTALS This Period This Page (optional) ▶ | [] - 1000.00 |
| TOTALS This Period (last page in this line only) ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ASSOCIATION FOR FIREFIGHTERS PAC** Transaction ID : **SC/10.4861**

| | | | |
|--|-------------|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Safety Support LLC | | <input checked="" type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 50 Waterbury Road - Suite#210 | | | |
| City Prospect | State CT | ZIP Code 06712 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 | 1000.00 |

TERMS

| | | | |
|----------------------------------|------------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY 04 / 26 / 2018 | MM / DD / YYYY 06/01/2018 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | | | |
|--|------------------|----------|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | |
| Mailing Address | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|---------|
| SUBTOTALS This Period This Page (optional) | 1000.00 |
| TOTALS This Period (last page in this line only)..... | 0.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.