

# 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**  
**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

ADDRESS (number and street) **342 N. WATER STREET STE 600**  
Check if different than previously reported. (ACC) **MILWAUKEE WI 53202**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00622472** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2020 through  /  /  2020

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  /  /  2020

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**

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Page 2

Write or Type Committee Name

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="11325.81"/>	<input type="text" value="11325.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12690.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="268436.20"/>	<input type="text" value="370284.06"/>
(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="281126.82"/>	<input type="text" value="381609.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="248414.96"/>	<input type="text" value="348898.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32711.86"/>	<input type="text" value="32711.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Report Covering the Period: From: 07 / 01 / 2020 To: 09 / 30 / 2020

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).....	6395.00	9550
(ii) Unitemized .....	263557.00	362249.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	269952.00	371799.86
(b) Political Party Committees .....	0.00	0
(c) Other Political Committees (such as PACs).....	0.00	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	269952.00	371799.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0
13. All Loans Received .....	0.00	0
14. Loan Repayments Received.....	0.00	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	- 1515.80	- 1515.8
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0
(b) Levin Funds (from Schedule H5) .....	0.00	0
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	268436.20	370284.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	268436.20	370284.06

**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
(ii) Non-Federal Share.....	0.00	0
(b) Other Federal Operating Expenditures .....	248269.96	348633.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	248269.96	348633.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0
24. Independent Expenditures (use Schedule E) .....	0.00	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0
26. Loan Repayments Made.....	0.00	0
27. Loans Made.....	0.00	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	145.00	265
(b) Political Party Committees .....	0.00	0
(c) Other Political Committees (such as PACs).....	0.00	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	145.00	265
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0
(ii) "Levin" Share.....	0.00	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	248414.96	348898.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	248414.96	348898.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	269952.00	371799.86
34. Total Contribution Refunds (from Line 28(d)) .....	145.00	265
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	269807.00	371534.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	248269.96	348633.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	248269.96	348633.01

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A-N5 H-CB

Form/Schedule: F3XN  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
<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 EMERGENCY RESPONDERS AND FIREFIGHTERS**

**A. BACKUS, CECIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7047 THOMAS LN  
 City EASTON State MD Zip Code 21601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2020  
**Transaction ID : SA11AI-21297222**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. CAMPBELL, TAMARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 S 68TH ST  
 City BOULDER State CO Zip Code 80303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUBRIC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2020  
**Transaction ID : SA11AI-21294807**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. CARTER, FRANCESCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 IRVING DR  
 City WILMINGTON State DE Zip Code 19802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JACOBS Occupation (for Individual) REGULATORY COMPLIANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 09 / 17 / 2020  
**Transaction ID : SA11AI-21294288**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 8 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CECCHINI, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1457 CARLOW CIR  
 City ORMOND BEACH State FL Zip Code 32174  
 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 ▼ 265.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : SA11AI-21295658**  
 Amount of Each Receipt this Period 265.00  
 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) ACTOR Occupation (for Individual) ACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2020  
**Transaction ID : SA11AI-21292370**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. ELKIND, JAMES S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 SAINT PAUL ST APT 501  
 City BROOKLINE State MA Zip Code 02446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 18 / 2020  
**Transaction ID : SA11AI-21298500**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	915.00
<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 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ESTERLY, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 451 BONDSTONE DR  
 City DALLAS State TX Zip Code 75218  
 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 08 / 21 / 2020  
**Transaction ID : SA11AI-21297031**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. EVES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 JORDANS LN  
 City BEAUFORT State NC Zip Code 28516  
 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 ▼ 220.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : SA11AI-21296370**  
 Amount of Each Receipt this Period 220.00  
 Memo Item

**C. FERGUSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4953 MOUNT ROYAL RD  
 City SAINT LOUIS State MO Zip Code 63128  
 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 08 / 22 / 2020  
**Transaction ID : SA11AI-21296307**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1020.00
<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 10 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4475 N OCEAN BLVD  
APT 44A

City DELRAY BEACH State FL Zip Code 33483

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

Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 08 / 2020  
**Transaction ID : SA11AI-21292843**

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4475 N OCEAN BLVD  
APT 44A

City DELRAY BEACH State FL Zip Code 33483

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

Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : SA11AI-21294527**

Amount of Each Receipt this Period 110.00

Memo Item

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

Mailing Address 26535 MUSKEGO DAM DR

City MUSKEGO State WI Zip Code 53150

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 09 / 04 / 2020  
**Transaction ID : SA11AI-21294813**

Amount of Each Receipt this Period 265.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. KIMM, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5317 W CAMERON BRIDGE RD  
 City MANHATTAN State MT Zip Code 59741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : SA11AI-21296771**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MONDEL, CONSTANCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2542 STATE ROUTE 66 APT 3301  
 City CHATHAM State NY Zip Code 12037  
 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 ▼ 320.00

Date of Receipt 08 / 20 / 2020  
**Transaction ID : SA11AI-21297176**  
 Amount of Each Receipt this Period 160.00  
 Memo Item

**C. MONDEL, CONSTANCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2542 STATE ROUTE 66 APT 3301  
 City CHATHAM State NY Zip Code 12037  
 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 ▼ 320.00

Date of Receipt 09 / 14 / 2020  
**Transaction ID : SA11AI-21292426**  
 Amount of Each Receipt this Period 160.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1377 HUDSON ST

City OGDEN	State UT	Zip Code 84404
---------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M / D D / Y Y Y Y Y
08 / 21 / 2020

**Transaction ID : SA11AI-21296814**

Amount of Each Receipt this Period  

210.00
--------

 Memo Item

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

Mailing Address 3150 PINNEY WOODS CT SE

City CEDAR RAPIDS	State IA	Zip Code 52403
----------------------	-------------	-------------------

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 ▼  
215.00

Date of Receipt  

M M / D D / Y Y Y Y Y
08 / 19 / 2020

**Transaction ID : SA11AI-21298016**

Amount of Each Receipt this Period  

215.00
--------

 Memo Item

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

Mailing Address 1835 S EUDORA ST

City DENVER	State CO	Zip Code 80222
----------------	-------------	-------------------

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

Name of Employer (for Individual) Disable	Occupation (for Individual) Disable
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 14 / 2020

**Transaction ID : SA11AI-21294357**

Amount of Each Receipt this Period  

150.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PETERS, BECKY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1835 S EUDORA ST  
 City DENVER State CO Zip Code 80222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Disable Disable  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 21 / 2020  
**Transaction ID : SA11AI-21291704**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. RUSSELL, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1406 PRAIRIE AVE  
 APT 308  
 City CHEYENNE State WY Zip Code 82009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Best Efforts Best Efforts  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 09 / 08 / 2020  
**Transaction ID : SA11AI-21294562**  
 Amount of Each Receipt this Period  
 255.00  
 Memo Item

**C. SCHWARTZ, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25312 RIPLEYS FIELD DR  
 City CHANTILLY State VA Zip Code 20152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Caliber Home Loans MORTGAGE Sales Manager  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 515.00

Date of Receipt  
 08 / 20 / 2020  
**Transaction ID : SA11AI-21297594**  
 Amount of Each Receipt this Period  
 515.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	870.00
<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 14 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4879 POTOMAC AVE NW

City WASHINGTON	State DC	Zip Code 20007
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		22		2020

**Transaction ID : SA11AI-21296505**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 2472 BLANCHARD ST SW

City WYOMING	State MI	Zip Code 49519
-----------------	-------------	-------------------

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 ▼  
515.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		28		2020

**Transaction ID : SA11AI-21295528**

Amount of Each Receipt this Period  
515.00

Memo Item

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

Mailing Address 3418 91ST ST SE

City EVERETT	State WA	Zip Code 98208
-----------------	-------------	-------------------

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 ▼  
205.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		22		2020

**Transaction ID : SA11AI-21296410**

Amount of Each Receipt this Period  
205.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1020.00
<b>TOTAL</b> This Period (last page this line number only).....	6395.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
<input 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 checked="" type="checkbox"/> 17

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

**A. Balance Adjustment**

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

Mailing Address 342 N. WATER STREET STE 600

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ASSOCIATION FOR EMERGENCY RESPONDERS	Occupation (for Individual) PAC
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
- 1515.80

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2020

**Transaction ID : SA17-21481861**

Amount of Each Receipt this Period  
- 1515.80

Memo Item  
Bal. adj. for deposits in transit, releasing 10/1

**B.**

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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	- 1515.80
<b>TOTAL</b> This Period (last page this line number only).....▶	- 1515.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Mailing Address 125 North 2nd St, Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

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-37396**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology**

Mailing Address 125 North 2nd St, Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

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-37396**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology**

Mailing Address 125 North 2nd St, Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

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-37396**  
 Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2020

Mailing Address 125 North 2nd St, Unit 110 Box 241

FEC Identification Number

C	
---	--

**Transaction ID : SB21B-37399**  
Amount of Each Disbursement this Period

	17010.88
--	----------

Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2020

Mailing Address 125 North 2nd St, Unit 110 Box 241

FEC Identification Number

C	
---	--

**Transaction ID : SB21B-37399**  
Amount of Each Disbursement this Period

	12357.92
--	----------

Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. American Technology**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2020

Mailing Address 125 North 2nd St, Unit 110 Box 241

FEC Identification Number

C	
---	--

**Transaction ID : SB21B-37399**  
Amount of Each Disbursement this Period

	6823.04
--	---------

Memo Item

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:

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

	36191.84
--	----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. American Technology**

Mailing Address 125 North 2nd St, Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software/Software Licensing Payment

Category/Type

Candidate Name

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

Date of Disbursement  

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

FEC Identification Number  
  
**Transaction ID : SB21B-37399**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Credit Card Fee/Merchant Fee

Category/Type

Candidate Name

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

Date of Disbursement  

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

FEC Identification Number  
  
**Transaction ID : SB21B-37396**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Credit Card Fee/Merchant Fee

Category/Type

Candidate Name

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

Date of Disbursement  

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

FEC Identification Number  
  
**Transaction ID : SB21B-37396**  
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Authnet Gateway**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 04 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period: 20.20

Memo Item

**B. Authnet Gateway**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Fee/Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37399

Amount of Each Disbursement this Period: 20.80

Memo Item

**C. Clearent LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 222 South Central Suite 700

City Clayton State MO Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period: 85.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 126.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Clearent LLC**

Mailing Address 222 South Central Suite 700

City Clayton

State MO

Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2020

FEC Identification Number

C

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

395.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clearent LLC**

Mailing Address 222 South Central Suite 700

City Clayton

State MO

Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2020

FEC Identification Number

C

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

40.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clearent LLC**

Mailing Address 222 South Central Suite 700

City Clayton

State MO

Zip Code 63105

Purpose of Disbursement  
Credit Card Fee/ Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2020

FEC Identification Number

C

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

0.40

Memo Item

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

435.84

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

[REDACTED] 1505.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

[REDACTED] 20614.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

[REDACTED] 32315.65

Memo Item

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

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

[REDACTED] 54435.41

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-37399  
Amount of Each Disbursement this Period  
24144.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-37399  
Amount of Each Disbursement this Period  
17540.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2020

FEC Identification Number

C  
Transaction ID : SB21B-3740t  
Amount of Each Disbursement this Period  
9684.45

Memo Item

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

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

51369.11

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Compliance Consultants**

Mailing Address 1345 N Jefferson St #454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement  
Credit Card Processing/ Verifications

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37400

Amount of Each Disbursement this Period

[REDACTED] 7199.52

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd Ste 1040

City Waukesha

State WI

Zip Code 53186-1867

Purpose of Disbursement  
Accounting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

[REDACTED] 435.00

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

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37397

Amount of Each Disbursement this Period

[REDACTED] 470.80

Memo Item

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

[REDACTED] 8105.32

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B-37400**  
Amount of Each Disbursement this Period  
469.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. PACSmart Filing Services LLC**

Mailing Address 1013 Centre Road Suite 403-A

City  
Wilmington

State  
DE

Zip Code  
19805

Purpose of Disbursement  
FEC Compliance Reporting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B-37397**  
Amount of Each Disbursement this Period  
1187.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. PACSmart Filing Services LLC**

Mailing Address 1013 Centre Road Suite 403-A

City  
Wilmington

State  
DE

Zip Code  
19805

Purpose of Disbursement  
FEC Compliance Reporting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B-37397**  
Amount of Each Disbursement this Period  
350.00

Memo Item

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

2007.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2020	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-37398</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 5.30
Purpose of Disbursement Bank Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-37398</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 157.90
Purpose of Disbursement Credit Card Fee/Merchant Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-37398</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 31.50
Purpose of Disbursement Bank Fee		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 194.70
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee

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-37398**  
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  
Credit Card Fee/Merchant Fee

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-37398**  
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

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-37398**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Service 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-37400**  
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  
Service 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-37400**  
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  
Service 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-37400**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street, Floor 2

City  
San Francisco

State  
CA

Zip Code  
94103

Purpose of Disbursement  
Combined off the top CC fees for Aug

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37862

Amount of Each Disbursement this Period

[REDACTED] 6993.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street, Floor 2

City  
San Francisco

State  
CA

Zip Code  
94103

Purpose of Disbursement  
Combined off the top CC fees September

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37861

Amount of Each Disbursement this Period

[REDACTED] 2212.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City  
Indianapolis

State  
IN

Zip Code  
46217

Purpose of Disbursement  
Caging and Escrow

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-37398

Amount of Each Disbursement this Period

[REDACTED] 510.90

Memo Item

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

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

[REDACTED] 9716.78

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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-37398**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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-37401**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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-37401**  
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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-37401**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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-37401**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Service**

Mailing Address 1350 W Southport Road Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging and Escrow

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-37401**  
 Amount of Each Disbursement this Period

Memo Item

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

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