

# 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) **8444 COUNTY RD M**  
Check if different than previously reported. (ACC) **Fredonia WI 53021**

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   /   /       through   /   /

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   /   /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value="9977.33"/>	<input type="text" value="9977.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41830.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="673442.24"/>	<input type="text" value="1401123.79"/>
(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="715272.52"/>	<input type="text" value="1411101.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="628382.78"/>	<input type="text" value="1324211.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="86889.74"/>	<input type="text" value="86889.74"/>
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: 04 / 01 / 2018 To: 06 / 30 / 2018

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).....	24480.00	55296.00
(ii) Unitemized .....	648962.24	1337516.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	673442.24	1392812.80
(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) .....	673442.24	1392812.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	8310.99
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	673442.24	1401123.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	673442.24	1401123.79

**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 .....	628382.78	1323716.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	628382.78	1323716.38
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	495.00
(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	495.00
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)) ..	628382.78	1324211.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	628382.78	1324211.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	673442.24	1392812.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	495.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	673442.24	1392317.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	628382.78	1323716.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	628382.78	1323716.38

**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 198
	<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	

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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ALDREDGE, STACI, , ,**

Mailing Address 303 W LOOP 281  
SPC 110-198

City LONGVIEW State TX Zip Code 75605

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2018

**Transaction ID : SA11AI-9242139**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 303 W LOOP 281  
SPC 110-198

City LONGVIEW State TX Zip Code 75605

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2018

**Transaction ID : SA11AI-9242141**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ARMATO, JOSEPH T, , ,**

Mailing Address 1648 N 23RD AVE  
APT 1

City MELROSE PARK State IL Zip Code 60160

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2018

**Transaction ID : SA11AI-9244361**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 198
	<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. ARRIZZA, JUDITH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2658 DEL MAR HEIGHTS RD  
 APT 373

City DEL MAR State CA Zip Code 92014

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 18 / 2018  
**Transaction ID : SA11AI-9244687**

Amount of Each Receipt this Period 100.00

Memo Item

**B. BALLARD, ALLEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7401 EASTMORELAND RD  
 APT 728

City ANNANDALE State VA Zip Code 22003

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 06 / 18 / 2018  
**Transaction ID : SA11Ai-CN70995**

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 2404 SUNCHASE BLVD

City CEDAR PARK State TX Zip Code 78613

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 20 / 2018  
**Transaction ID : SA11AI-9247443**

Amount of Each Receipt this Period 100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 198
<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. BECERRA, JAVIER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 N ROXBORO ST  
 City DURHAM State NC Zip Code 27704  
 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 ▼ 200.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : SA11AI-9248255**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. BLUMBERG, EDWARD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 278  
 City NIXON State TX Zip Code 78140  
 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 05 / 03 / 2018  
**Transaction ID : SA11Ai-CN61459**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. BONNETT, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5933 PALENCIA DR  
 City RIVERSIDE State CA Zip Code 92509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REGISTERED NURSE Occupation (for Individual) SATELLITE HEALTH CARE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 23 / 2018  
**Transaction ID : SA11Ai-CN60644**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	610.00
<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 198
	<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. BRYSON, KRIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24985 SCHUCK RD

City WASHINGTON	State IL	Zip Code 61571
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 16 / 2018

**Transaction ID : SA11AI-9255305**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address 24985 SCHUCK RD

City WASHINGTON	State IL	Zip Code 61571
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 06 / 2018

**Transaction ID : SA11AI-9255307**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address 10 FERRY ST  
STE B

City SOUTH RIVER	State NJ	Zip Code 08882
---------------------	-------------	-------------------

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

Name of Employer (for Individual) OWNER	Occupation (for Individual) RL CONCRETE INC
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 02 / 2018

**Transaction ID : SA11AI-9256897**

Amount of Each Receipt this Period  

150.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<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 198
<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. CARR, DAYTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 424 E 52ND ST  
 APT 7C  
 City NEW YORK State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2018  
**Transaction ID : SA11Ai-CN59734**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. CHANNELL, CAMERON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1190 DICKINSON RD  
 City SMITHFIELD State NC Zip Code 27577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : SA11Ai-CN76814**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. CLARK, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 N ROYAL ST  
 City MOBILE State AL Zip Code 36602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TURNER SUPPLY CO Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : SA11AI-9261361**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 198
	<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. CLINE, CLAUDIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 RAMONA EXPY  
 City PERRIS State CA Zip Code 92571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11AI-9261851**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. CONEILLO, ERLINDE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 WILLITS ST  
 City DALY CITY State CA Zip Code 94014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11Ai-CN64589**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. CORNETT, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 420  
 City BLESSING State TX Zip Code 77419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 09 / 2018  
**Transaction ID : SA11AI-9264149**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 198
	<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. DAKAN, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 HAWTHORN HL  
 City LOUISVILLE State KY Zip Code 40204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 12 / 2018  
**Transaction ID : SA11AI-9266497**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. DAKAN, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 HAWTHORN HL  
 City LOUISVILLE State KY Zip Code 40204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 14 / 2018  
**Transaction ID : SA11AI-9266499**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. DEOREO, JOELLEN K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16130 PARKLAND DR  
 City CLEVELAND State OH Zip Code 44120  
 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 ▼ 200.00

Date of Receipt 06 / 04 / 2018  
**Transaction ID : SA11AI-9268957**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 198
	<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

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. DILLINGHAM, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13502 KINGSRIDE LN  
 City HOUSTON State TX Zip Code 77079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Unemployed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : SA11Ai-CN76417**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. DONACHY, CHUCK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 THORNWOOD DR  
 City MOUNT LAUREL State NJ Zip Code 08054  
 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 ▼ 220.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11Ai-9270397**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. DONACHY, CHUCK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 THORNWOOD DR  
 City MOUNT LAUREL State NJ Zip Code 08054  
 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 ▼ 220.00

Date of Receipt 06 / 25 / 2018  
**Transaction ID : SA11Ai-CN70763**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<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 198
	<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. DOYLE, ROZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 STONEGATE DR  
 City BELLEAIR State FL Zip Code 33756  
 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 ▼ 200.00

Date of Receipt 06 / 20 / 2018  
**Transaction ID : SA11AI-9270981**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. EDGE, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1635 MASON KING  
 City SAN ANTONIO State TX Zip Code 78260  
 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 06 / 05 / 2018  
**Transaction ID : SA11Ai-CN80049**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. ELLIS, DEBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4403 BEECHNUT ST  
 City BIG SPRING State TX Zip Code 79720  
 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 ▼ 350.00

Date of Receipt 06 / 20 / 2018  
**Transaction ID : SA11Ai-CN73806**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 15 OF 198
	<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. ELLIS, SONDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 8  
 City BOULDER State WY Zip Code 82923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2018  
**Transaction ID : SA11Ai-CN68837**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. ELWELL, WILLIAM G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8428 18TH AVE SW  
 City SEATTLE State WA Zip Code 98106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 06 / 21 / 2018  
**Transaction ID : SA11AI-9273649**  
 Amount of Each Receipt this Period 160.00  
 Memo Item

**C. EMMICK, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2322  
 City SIOUX FALLS State SD Zip Code 57101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DRIVER Occupation (for Individual) DRIVER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 25 / 2018  
**Transaction ID : SA11AI-9273735**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	410.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 198
	<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. FANNIN, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1228 SAILFISH ST

City HITCHCOCK	State TX	Zip Code 77563
-------------------	-------------	-------------------

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 Y Y
04 / 25 / 2018

**Transaction ID : SA11Ai-CN60666**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

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

Mailing Address 205 AVERY ST NE

City MARIETTA	State GA	Zip Code 30060
------------------	-------------	-------------------

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

Name of Employer (for Individual) Chief Accounting Officer	Occupation (for Individual) PREFERRED ADVISORS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 08 / 2018

**Transaction ID : SA11AI-9276567**

Amount of Each Receipt this Period  

200.00
--------

 Memo Item

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

Mailing Address 443 VANDERSLICE ST

City PHOENIXVILLE	State PA	Zip Code 19460
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 02 / 2018

**Transaction ID : SA11AI-9276895**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 198
	<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. FLOR, JANEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 VANDERSLICE ST  
 City PHOENIXVILLE State PA Zip Code 19460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 09 / 2018  
**Transaction ID : SA11AI-9276897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. FORD, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 KINWOOD CT  
 City HENDERSONVILLE State TN Zip Code 37075  
 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 ▼ 225.00

Date of Receipt 05 / 17 / 2018  
**Transaction ID : SA11Ai-CN63753**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. FOSTER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 GREENTREE RD  
 City CHAGRIN FALLS State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11AI-9277755**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 198
	<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. FRIEDL, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1875 JEWELL CT

City STOCKTON	State CA	Zip Code 95203
------------------	-------------	-------------------

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

Name of Employer (for Individual) SUPERINTENDENT	Occupation (for Individual) SKANSKA CONSTRUCTIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2018

**Transaction ID : SA11AI-9278695**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. GASPAROVIC, JOHN J, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17554 CRESTBROOK DR

City NORTHVILLE	State MI	Zip Code 48168
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2018

**Transaction ID : SA11AI-9280443**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 1408 VERMONT ST  
APT D

City HOUSTON	State TX	Zip Code 77006
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2018

**Transaction ID : SA11AI-9280973**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 198
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. GEORGE, SPENCER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 VERMONT ST  
 APT D  
 City HOUSTON State TX Zip Code 77006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11AI-9280975**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. GIBSON, VALERIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1467 OLIVE HILL AVE NW  
 City CONCORD State NC Zip Code 28027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 14 / 2018**  
**Transaction ID : SA11Ai-CN76526**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. GOLA, KRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 W FOOTHILLS DR  
 City DRUMS State PA Zip Code 18222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) DISCIPLINE OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 30 / 2018**  
**Transaction ID : SA11Ai-CN60004**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 198
	<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. GONZALEZ, NUNCIA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 BRIDGE ST  
 City SALEM State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADULT DAY CARE CENTER Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : SA11AI-9282857**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. HAMBLET, SUSAN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 DAVIS AVE SW  
 City LEESBURG State VA Zip Code 20175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 13 / 2018  
**Transaction ID : SA11AI-9286589**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. HAND, MARYJANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 808  
 City HOBBS State NM Zip Code 88241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 25 / 2018  
**Transaction ID : SA11AI-9286973**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 198
	<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. HARDERS, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10612 W 13TH ST  
 City WOOD RIVER State NE Zip Code 68883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUCK DRIVER Occupation (for Individual) HARDERS LIVESTOCK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11AI-9287339**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. HAY, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 MOUNTAIN LAKE RD  
 City BELVIDERE State NJ Zip Code 07823  
 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 ▼ 200.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : SA11AI-9288967**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. HAYSLIP, DEBORAH M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 BRYANT HILL RD  
 City WOODLAND State WA Zip Code 98674  
 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 05 / 28 / 2018  
**Transaction ID : SA11Ai-CN63529**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 198
<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. HUGHES, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6438 TEMPLE RD  
 City FRANKLIN State TN Zip Code 37069  
 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 ▼ 200.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : SA11AI-9294227**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. HUR, MARY JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 EAGLE CT  
 City THE WOODLANDS State TX Zip Code 77380  
 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 ▼ 200.00

Date of Receipt 05 / 23 / 2018  
**Transaction ID : SA11AI-9294675**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. IHRY, KENT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 134  
 City HOPE State ND Zip Code 58046  
 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 06 / 08 / 2018  
**Transaction ID : SA11Ai-CN79508**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 198
	<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. IRVINE, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 TURN HILL LN  
 City LEVITTOWN State PA Zip Code 19054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REAL STATE AGENT Occupation (for Individual) KELLER WILLIAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11Ai-CN60627**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. JOHNSON, PEGGY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1245 ADAMS ST UNIT D303  
 City DORCHESTER CENTER State MA Zip Code 02124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : SA11AI-9297767**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. JONES, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6810 PARK HEIGHTS AVE APT 207  
 City BALTIMORE State MD Zip Code 21215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2018  
**Transaction ID : SA11AI-9298613**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 24 OF 198
	<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. JONES, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6810 PARK HEIGHTS AVE  
 APT 207

City BALTIMORE State MD Zip Code 21215

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 06 / 13 / 2018  
**Transaction ID : SA11Ai-CN69008**

Amount of Each Receipt this Period  
 110.00

Memo Item

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

Mailing Address 946 WILLOW OAK LOOP

City MINNEOLA State FL Zip Code 34715

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  
 04 / 23 / 2018  
**Transaction ID : SA11Ai-CN63295**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C. KELLERMAN, SHELBY K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 W TERRACE CT

City ALEDO State TX Zip Code 76008

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  
 06 / 12 / 2018  
**Transaction ID : SA11Ai-CN77548**

Amount of Each Receipt this Period  
 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 198
<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. KELLY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W7127 LONG LAKE RD  
 City PHILLIPS State WI Zip Code 54555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) howard developers Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2018  
**Transaction ID : SA11Ai-CN60638**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. KINES, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 653  
 City CANTON State TX Zip Code 75103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KD SERVICES Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2018  
**Transaction ID : SA11Ai-CN79356**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. KING, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 713 S GOYER RD  
 City KOKOMO State IN Zip Code 46901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FACTORY WORKER Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2018  
**Transaction ID : SA11AI-9301509**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 198
	<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. KLEPFER, ROBIN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 E 63RD ST  
 City INDIANAPOLIS State IN Zip Code 46236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISABLE Occupation (for Individual) DISABILITY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : SA11Ai-CN59924**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. KUETTNER, CAROL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4936 BIRCH LAKE CIR  
 City SAINT PAUL State MN Zip Code 55110  
 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 06 / 01 / 2018  
**Transaction ID : SA11Ai-CN71751**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. KURTZ, MARCIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 MUSEUM WAY APT 806  
 City FORT WORTH State TX Zip Code 76107  
 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 05 / 03 / 2018  
**Transaction ID : SA11Ai-CN61457**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 198
	<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. KURUCZ, PAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1536 SW 13TH CT  
 City POMPANO BEACH State FL Zip Code 33069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWNER Occupation (for Individual) EAST & WEST RECONSTRUCTION LI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 24 / 2018**  
**Transaction ID : SA11Ai-CN60503**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. LANIER IV, DANIEL B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 KANSAS AVE  
 City KENNER State LA Zip Code 70062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSPECTOR Occupation (for Individual) FIRE DEPT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **04 / 05 / 2018**  
**Transaction ID : SA11AI-9304833**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. LARA, HECTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6242 SUWANEE DAM RD  
 City BUFORD State GA Zip Code 30518  
 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 **04 / 05 / 2018**  
**Transaction ID : SA11Ai-CN63961**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 28 OF 198
	<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. LONSDORF, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 216 PENN AVE  
 City HAWLEY State PA Zip Code 18428  
 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 05 / 14 / 2018  
**Transaction ID : SA11Ai-CN61762**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. MARTINEZ, CELESTINO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16164 HOPEWELL RD  
 City ALPHARETTA State GA Zip Code 30004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) BRICK MASON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 04 / 2018  
**Transaction ID : SA11AI-9312437**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. MATIN, IVAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1808 BRUNNERVILLE RD  
 City LITITZ State PA Zip Code 17543  
 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 ▼ 200.00

Date of Receipt 05 / 29 / 2018  
**Transaction ID : SA11AI-9313011**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 198
	<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. MCCORD, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16021 SHROPSHIRE DR SE  
 City HUNTSVILLE State AL Zip Code 35803  
 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 06 / 19 / 2018  
**Transaction ID : SA11Ai-CN74398**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. MCDOWELL, RYLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 375 VILLAGE DR  
 City BLYTHE State CA Zip Code 92225  
 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 ▼ 200.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : SA11Ai-9314759**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MOORE, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1532 MICHIGAN AVE  
 City LA PORTE State IN Zip Code 46350  
 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 05 / 21 / 2018  
**Transaction ID : SA11Ai-CN62224**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 198
<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. MOORE, DEBI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 502 N BIG SPRING ST  
 City MIDLAND State TX Zip Code 79701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 18 / 2018  
**Transaction ID : SA11AI-9319971**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. MOORE, MICHAEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 EASY ST  
 City TAYLORS State SC Zip Code 29687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 25 / 2018  
**Transaction ID : SA11AI-9319989**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. MORELLI, EDNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 LANCASTER AVE STE 209  
 City MALVERN State PA Zip Code 19355  
 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 ▼ 200.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : SA11AI-9320277**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 31 OF 198
	<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. NETELLUS, PIERRE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6011 KENDRICK DR  
 City RIVERSIDE State CA Zip Code 92507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWNER Occupation (for Individual) 3PM DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : SA11AI-9323293**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. NEUFELD, CARL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6342 HIGHGATE LN  
 City DALLAS State TX Zip Code 75214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teacher Occupation (for Individual) Southern Methodist University  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2018  
**Transaction ID : SA11Ai-CN75930**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. NUTT POWELL, THOMAS E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 WESTBOURNE TER  
 City BROOKLINE State MA Zip Code 02446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 12 / 2018  
**Transaction ID : SA11AI-9324685**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 198
<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. OBENCHAIN, ALICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 SAVANNAH CT  
 City DALEVILLE State VA Zip Code 24083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVERETT UNIVERSITY Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11Ai-CN79934**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. OLSEN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2308 E 9TH ST  
 City VANCOUVER State WA Zip Code 98661  
 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 06 / 07 / 2018  
**Transaction ID : SA11Ai-CN80252**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. ORTIZ, EVARISTO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10250 LYNN RIC DR  
 City UPPER MARLBORO State MD Zip Code 20772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LANDSCAPER Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : SA11AI-9325993**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 198
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PEEK, CATHERINE L, , ,**

Mailing Address 5175 SONOMA MOUNTAIN RD

City SANTA ROSA	State CA	Zip Code 95404
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

**Transaction ID : SA11Ai-CN79046**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PITCHER, DAVID R, , ,**

Mailing Address 7109 PONY TRAIL CT

City HYATTSVILLE	State MD	Zip Code 20782
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2018

**Transaction ID : SA11Ai-9330683**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 2551 W STATE ROAD 84

City FT LAUDERDALE	State FL	Zip Code 33312
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2018

**Transaction ID : SA11Ai-CN68679**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 198
	<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. PRATT, LEONARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 ROUTE 27  
 APT 4  
 City RAYMOND State NH Zip Code 03077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : SA11AI-9331943**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. RAFFERTY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 4252  
 City GULFPORT State MS Zip Code 39502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OFFICE ADMIN Occupation (for Individual) LAW OFFICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11Ai-CN60616**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. RAMBO, PAULINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 706 N VINE ST  
 City WINCHESTER State TN Zip Code 37398  
 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 ▼ 200.00

Date of Receipt 05 / 21 / 2018  
**Transaction ID : SA11Ai-CN62222**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<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 35 OF 198
	<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. REIN III, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 SKI HILL RD  
 City TWO HARBORS State MN Zip Code 55616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) QIS INSPECTION Occupation (for Individual) INSPECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2018  
**Transaction ID : SA11Ai-CN72832**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. RIOS SANCHEZ, RICAURTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5470 TROUT CREEK PASS DR  
 City COLORADO SPRINGS State CO Zip Code 80917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI-9336281**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. RODEBAUGH, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 238  
 City VERMONTVILLE State MI Zip Code 49096  
 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 ▼ 200.00

Date of Receipt 05 / 24 / 2018  
**Transaction ID : SA11AI-9337469**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 36 OF 198
	<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. RUSSELL, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 50187  
 City PARKS State AZ Zip Code 86018  
 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 ▼ 200.00

Date of Receipt 05 / 03 / 2018  
**Transaction ID : SA11AI-9339587**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. SAENZ, JOSE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1524 N SUGAR RD  
 City EDINBURG State TX Zip Code 78541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : SA11AI-9339971**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. SAUNDERS, ZACHARY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 323 MYRTLE ST  
 City MANCHESTER State NH Zip Code 03104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REDEMPTION SERVICES Occupation (for Individual) LOAN OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 08 / 2018  
**Transaction ID : SA11Ai-CN79828**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 37 OF 198
	<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. SCOTT, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 KRISTIN PL  
 City OLD TAPPAN State NJ Zip Code 07675  
 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 **04 / 02 / 2018**  
**Transaction ID : SA11Ai-CN5966**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. SEBOLD, LONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 MUSTANG ST  
 City FRITCH State TX Zip Code 79036  
 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 ▼ 200.00

Date of Receipt **06 / 06 / 2018**  
**Transaction ID : SA11AI-9343145**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. SELBY, JOEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2431  
 City PLACERVILLE State CA Zip Code 95667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **04 / 09 / 2018**  
**Transaction ID : SA11AI-9343343**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 198
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SILVEY, ERIK, , ,

Mailing Address 5039 BIG MEADOW LN

City KATY	State TX	Zip Code 77494
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		18		2018

**Transaction ID : SA11AI-9345409**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 841 MARTIN LUTHER KING DR

City GARY	State IN	Zip Code 46402
--------------	-------------	-------------------

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

Name of Employer (for Individual) RETAILER SHOP	Occupation (for Individual) retailer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		02		2018

**Transaction ID : SA11AI-9347105**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 841 MARTIN LUTHER KING DR

City GARY	State IN	Zip Code 46402
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		12		2018

**Transaction ID : SA11AI-9347261**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<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 39 OF 198
<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. SNOWDEN, NAOMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5929 E 87TH ST  
 City TULSA State OK Zip Code 74137  
 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 05 / 11 / 2018  
**Transaction ID : SA11AI-9347879**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. SNOWDEN, NAOMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5929 E 87TH ST  
 City TULSA State OK Zip Code 74137  
 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 06 / 13 / 2018  
**Transaction ID : SA11Ai-CN77041**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. SOURIAN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3151 ARROWHEAD DR  
 City LOS ANGELES State CA Zip Code 90068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11AI-9348373**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 40 OF 198
	<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. SOURIAN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3151 ARROWHEAD DR  
 City LOS ANGELES State CA Zip Code 90068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 16 / 2018  
**Transaction ID : SA11Ai-CN66791**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ST DENNIS, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4917 RAVENSWOOD DR APT 161  
 City SAN ANTONIO State TX Zip Code 78227  
 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 ▼ 450.00

Date of Receipt 05 / 04 / 2018  
**Transaction ID : SA11Ai-CN61548**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. STANAJ, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21365 GOLDSMITH ST  
 City FARMINGTON State MI Zip Code 48335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11AI-9349217**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 41 OF 198
	<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. STANFORD, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9025  
 City VERHALEN State TX Zip Code 79772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2018  
**Transaction ID : SA11Ai-CN60617**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**B. STEWART, LORETTA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 DRIFTWOOD RD  
 City BRIDGEPORT State WV Zip Code 26330  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2018  
**Transaction ID : SA11Ai-CN6744**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. STICH, TIMOTHY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address S42W32746 GATE KEEPER DR  
 City WAUKESHA State WI Zip Code 53189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CATHEDRAL WOODWORK Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2018  
**Transaction ID : SA11Ai-CN75787**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 198
	<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. SUMMERFORD, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1555 COOPER HILL RD  
 City BIRMINGHAM State AL Zip Code 35210  
 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 ▼ 340.00

Date of Receipt 06 / 18 / 2018  
**Transaction ID : SA11AI-9351473**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. SWAIM, CATHY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 TYLER RANCH RD  
 City JOURDANTON State TX Zip Code 78026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11AI-9351785**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. TANEY, MELISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4043 ZENITH AVE S  
 City MINNEAPOLIS State MN Zip Code 55410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 16 / 2018  
**Transaction ID : SA11AI-9352435**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 43 OF 198
	<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. TANEY, MELISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4043 ZENITH AVE S  
 City MINNEAPOLIS State MN Zip Code 55410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 05 / 07 / 2018  
**Transaction ID : SA11AI-9352437**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. TATE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 941 IONA DR  
 City FORT WORTH State TX Zip Code 76120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 05 / 21 / 2018  
**Transaction ID : SA11AI-9352637**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. THOMAS, VALENCIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11519 SANDHURST DR  
 City HOUSTON State TX Zip Code 77048  
 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  
 06 / 01 / 2018  
**Transaction ID : SA11Ai-CN71978**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 44 OF 198
	<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. THOMPSON, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7006 STATEPOINT CT  
 SUITE F

City WINTER PARK State FL Zip Code 32792

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

Name of Employer (for Individual) WINE IMPORTER Occupation (for Individual) ALBERELLO IMPORTS LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 06 / 2018  
**Transaction ID : SA11AI-9354195**

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 132 VILLAGE CIR

City LEBANON State TN Zip Code 37087

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 21 / 2018  
**Transaction ID : SA11AI-9354369**

Amount of Each Receipt this Period 200.00

Memo Item

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

Mailing Address 24 HANOVER RD

City PLEASANT RIDGE State MI Zip Code 48069

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11AI-9356073**

Amount of Each Receipt this Period 200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 45 OF 198
	<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. TULLY, SARA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5860 OLD WASHINGTON RD

City SYKESVILLE	State MD	Zip Code 21784
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 09 / 2018

**Transaction ID : SA11AI-9356319**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address 5860 OLD WASHINGTON RD

City SYKESVILLE	State MD	Zip Code 21784
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M / D D / Y Y Y Y Y
04 / 23 / 2018

**Transaction ID : SA11AI-9356321**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address 315 REFLECTION CT

City GARDNERVILLE	State NV	Zip Code 89460
----------------------	-------------	-------------------

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 Y
05 / 03 / 2018

**Transaction ID : SA11Ai-CN61503**

Amount of Each Receipt this Period  

200.00
--------

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 198
	<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. VANDELLO, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2055 HIGHWAY 306  
 City COLDWATER State MS Zip Code 38618  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11AI-9357589**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. VIRANT, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 E 58TH ST  
 City SAVANNAH State GA Zip Code 31405  
 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 ▼ 420.00

Date of Receipt 06 / 22 / 2018  
**Transaction ID : SA11Ai-CN72672**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. WASS, ISAAC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 S 5TH ST UNIT 2  
 City AMES State IA Zip Code 50010  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) TEACHING ASST Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11Ai-CN64739**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 47 OF 198
	<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. WHITE, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 323 LYNNWOOD BLVD  
 City NASHVILLE State TN Zip Code 37205  
 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 ▼ 200.00

Date of Receipt 05 / 16 / 2018  
**Transaction ID : SA11AI-9362867**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. WHITEHEAD, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 655  
 City APACHE State OK Zip Code 73006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWNER Occupation (for Individual) WHITEHEAD PLUMBING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 20 / 2018  
**Transaction ID : SA11AI-9363063**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. WOLF, KARI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1324 NORTHRIDGE TER  
 City JOPLIN State MO Zip Code 64801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Disabled Occupation (for Individual) Disabled  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2018  
**Transaction ID : SA11Ai-CN81794**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 198
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WOOSTER, DIANE, , ,

Mailing Address 6308 BURGUNDY ST

City GREELEY	State CO	Zip Code 80634
-----------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2018

**Transaction ID : SA11Ai-CN67232**

Amount of Each Receipt this Period  
220.00

Memo Item

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

Mailing Address 7511 MILAN AVE

City SAINT LOUIS	State MO	Zip Code 63130
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2018

**Transaction ID : SA11Ai-CN62317**

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	24480.00



**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 EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Austin, Peter, , ,**

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	4		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10549**

Amount of Each Disbursement this Period

[REDACTED] 900.41

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	4		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10549**

Amount of Each Disbursement this Period

[REDACTED] 992.77

Memo Item

Full Name (Last, First, Middle Initial)

**C. Austin, Peter, , ,**

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10551**

Amount of Each Disbursement this Period

[REDACTED] 854.23

Memo Item

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

[REDACTED] 2747.41

**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. Austin, Peter, , ,**

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	4		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10550**  
Amount of Each Disbursement this Period  
[REDACTED] 969.68

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10550**  
Amount of Each Disbursement this Period  
[REDACTED] 900.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. Austin, Peter, , ,**

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	5		1	1		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10550**  
Amount of Each Disbursement this Period  
[REDACTED] 969.68

Memo Item

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

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

[REDACTED]	2839.77
------------	---------

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Austin, Peter, , ,**

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	5		1	8		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10550**  
Amount of Each Disbursement this Period  
[ ] 900.41

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll dir dep

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	5		2	5		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10551**  
Amount of Each Disbursement this Period  
[ ] 1015.85

Memo Item

Full Name (Last, First, Middle Initial)

**C. Austin, Peter, , ,**

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10551**  
Amount of Each Disbursement this Period  
[ ] 854.24

Memo Item

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

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

2	7	7	0	5	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Austin, Peter, , ,**

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10551**  
Amount of Each Disbursement this Period  
[ ] 900.41

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1210 Hickory Dr

City  
Waukesha

State  
WI

Zip Code  
53196

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10551**  
Amount of Each Disbursement this Period  
[ ] 91.42

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City  
Milwaukee

State  
WI

Zip Code  
53206

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10551**  
Amount of Each Disbursement this Period  
[ ] 216.04

Memo Item

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						1	2	0	7

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10556**  
 Amount of Each Disbursement this Period  
 [ ] 177.99

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10556**  
 Amount of Each Disbursement this Period  
 [ ] 126.08

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10556**  
 Amount of Each Disbursement this Period  
 [ ] 245.76

Memo Item

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

5	4	9	.	8	3
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**TOTAL** This Period (last page this line number only)..... ▶

5	4	9	.	8	3
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-10556

Amount of Each Disbursement this Period

[Redacted] 123.43

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-10556

Amount of Each Disbursement this Period

[Redacted] 135.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bent, Thomas B, , ,**

Mailing Address 2875 N 25th St

City Milwaukee

State WI

Zip Code 53206

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-10556

Amount of Each Disbursement this Period

[Redacted] 100.46

Memo Item

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

[Redacted] 359.02

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

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

Mailing Address 2875 N 25th St

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10557

Amount of Each Disbursement this Period: 130.05

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 2875 N 25th St

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10557

Amount of Each Disbursement this Period: 175.90

Memo Item

**C. Bent, Thomas B, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2875 N 25th St

City Milwaukee State WI Zip Code 53206

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10557

Amount of Each Disbursement this Period: 181.51

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 487.46

**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. Biebescheimer, Robin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 06 / 2018	
Mailing Address 1422 S 92nd Street #318			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10557</b> Amount of Each Disbursement this Period [ ] 487.45	
City West Allis State WI Zip Code 53214	Purpose of Disbursement payroll dir dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Category/Type 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>B. Biebescheimer, Robin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 13 / 2018	
Mailing Address 1422 S 92nd Street #318			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10558</b> Amount of Each Disbursement this Period [ ] 428.06	
City West Allis State WI Zip Code 53214	Purpose of Disbursement payroll dir dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Category/Type 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>C. Biebescheimer, Robin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 20 / 2018	
Mailing Address 1422 S 92nd Street #318			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10559</b> Amount of Each Disbursement this Period [ ] 433.00	
City West Allis State WI Zip Code 53214	Purpose of Disbursement payroll dir dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Category/Type 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 1348.51	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City West Allis State WI Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10558

Amount of Each Disbursement this Period

532.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City West Allis State WI Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10558

Amount of Each Disbursement this Period

429.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City West Allis State WI Zip Code 53214

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10558

Amount of Each Disbursement this Period

392.08

Memo Item

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

1353.97

**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. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City  
West Allis

State  
WI

Zip Code  
53214

Purpose of Disbursement  
payroll dir dep

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	5		1	8		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10559

Amount of Each Disbursement this Period

[REDACTED] 428.04

Memo Item

Full Name (Last, First, Middle Initial)

**B. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City  
West Allis

State  
WI

Zip Code  
53214

Purpose of Disbursement  
payroll dir dep

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	5		2	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10559

Amount of Each Disbursement this Period

[REDACTED] 433.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Biebescheimer, Robin, , ,**

Mailing Address 1422 S 92nd Street  
#318

City  
West Allis

State  
WI

Zip Code  
53214

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10559

Amount of Each Disbursement this Period

[REDACTED] 411.11

Memo Item

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

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

[REDACTED] 1272.15

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Biebescheimer, Robin, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 1422 S 92nd Street #318		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10559</b> Amount of Each Disbursement this Period 319.83	
City West Allis	State WI	Zip Code 53214	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Blair, Daniel T, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 6914 W Lincoln Ave #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10565</b> Amount of Each Disbursement this Period 134.59	
City West Allis	State WI	Zip Code 53219	Category/Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Blair, Daniel T, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 6914 W Lincoln Ave #11		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10566</b> Amount of Each Disbursement this Period 77.57	
City West Allis	State WI	Zip Code 53219	Category/Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	531.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

**A. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City  
West Allis

State  
WI

Zip Code  
53219

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	20	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10566

Amount of Each Disbursement this Period

[REDACTED] 55.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City  
West Allis

State  
WI

Zip Code  
53219

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	27	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10566

Amount of Each Disbursement this Period

[REDACTED] 92.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City  
West Allis

State  
WI

Zip Code  
53219

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	04	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10566

Amount of Each Disbursement this Period

[REDACTED] 70.19

Memo Item

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

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

[REDACTED] 217.95

[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**

**A. Blair, Daniel T, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6914 W Lincoln Ave #11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 11 / 2018

FEC Identification Number C

Transaction ID : SB21B-10566

Amount of Each Disbursement this Period 128.41

Memo Item

**B. Blair, Daniel T, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6914 W Lincoln Ave #11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 18 / 2018

FEC Identification Number C

Transaction ID : SB21B-10567

Amount of Each Disbursement this Period 122.23

Memo Item

**C. Blair, Daniel T, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6914 W Lincoln Ave #11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 25 / 2018

FEC Identification Number C

Transaction ID : SB21B-10566

Amount of Each Disbursement this Period 77.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 328.21

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 01 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-10567**  
Amount of Each Disbursement this Period  
 137.69

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blair, Daniel T, , ,**

Mailing Address 6914 W Lincoln Ave  
#11

City West Allis State WI Zip Code 53219

Purpose of Disbursement payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 08 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-10567**  
Amount of Each Disbursement this Period  
 96.97

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-10566**  
Amount of Each Disbursement this Period  
 75.74

Memo Item

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

310.40

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10560**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10560**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10561**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Cannestra, Larry, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10561**

Amount of Each Disbursement this Period

90.51
-------

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Cannestra, Larry, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2018

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10562**

Amount of Each Disbursement this Period

94.19
-------

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Cannestra, Larry, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2018

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

001
Category/ Type

FEC Identification Number

C
---

**Transaction ID : SB21B-10563**

Amount of Each Disbursement this Period

97.90
-------

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

282.60
--------

**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. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll dir dep

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-10562**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10563**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cannestra, Larry, , ,**

Mailing Address 1800 West Becker Street  
Apt 2011

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-1056:**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10546</b> Amount of Each Disbursement this Period [REDACTED] 74.81	
City Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10546</b> Amount of Each Disbursement this Period [REDACTED] 153.53	
City Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10546</b> Amount of Each Disbursement this Period [REDACTED] 151.11	
City Milwaukee	State WI	Zip Code 53172	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

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

379.45

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10548</b> Amount of Each Disbursement this Period [ ] 135.64	
City Milwaukee	State WI	Zip Code 53172	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Cappleman, Mandy J, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 1816 15th Ave S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10548</b> Amount of Each Disbursement this Period [ ] 88.66	
City Milwaukee	State WI	Zip Code 53172	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Dolister, Brian, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 3751 E Planking Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B-1053:</b> Amount of Each Disbursement this Period [ ] 65.79	
City Cudahy	State WI	Zip Code 53115	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

[ ] 290.09

**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. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10534**  
Amount of Each Disbursement this Period  
127.48

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll dir dep

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-10535**  
Amount of Each Disbursement this Period  
88.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll dir dep

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B-1053!**  
Amount of Each Disbursement this Period  
83.36

Memo Item

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

299.15

**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. Dolister, Brian, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 04 / 2018

FEC Identification Number C

**Transaction ID : SB21B-10535**

Amount of Each Disbursement this Period 184.54

Memo Item

**B. Dolister, Brian, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 11 / 2018

FEC Identification Number C

**Transaction ID : SB21B-10535**

Amount of Each Disbursement this Period 69.26

Memo Item

**C. Dolister, Brian, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3751 E Planking Ave

City Cudahy State WI Zip Code 53115

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 18 / 2018

FEC Identification Number C

**Transaction ID : SB21B-10535**

Amount of Each Disbursement this Period 132.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 386.18

**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. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10536**  
Amount of Each Disbursement this Period  
[ ] 165.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10536**  
Amount of Each Disbursement this Period  
[ ] 140.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dolister, Brian, , ,**

Mailing Address 3751 E Planking Ave

City  
Cudahy

State  
WI

Zip Code  
53115

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10536**  
Amount of Each Disbursement this Period  
[ ] 54.71

Memo Item

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

[ ] 360.55
------------

**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. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10563  
Amount of Each Disbursement this Period  
424.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10564  
Amount of Each Disbursement this Period  
381.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10564  
Amount of Each Disbursement this Period  
285.74

Memo Item

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

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

1091.43

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gosia, Dean L, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 4132 N 61		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10564</b> Amount of Each Disbursement this Period 79.90	
City Milwaukee	State WI	Zip Code 53216	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Gosia, Dean L, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 4132 N 61		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10564</b> Amount of Each Disbursement this Period 392.74	
City Milwaukee	State WI	Zip Code 53216	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Gosia, Dean L, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 4132 N 61		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10564</b> Amount of Each Disbursement this Period 259.98	
City Milwaukee	State WI	Zip Code 53216	Category/Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	732.62
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 4132 N 61				
City Milwaukee		State WI	Zip Code 53216	
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼
			FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-10565</b> Amount of Each Disbursement this Period <input type="text" value="412.49"/> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 4132 N 61				
City Milwaukee		State WI	Zip Code 53216	
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼
			FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-10565</b> Amount of Each Disbursement this Period <input type="text" value="174.33"/> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Gosia, Dean L, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 4132 N 61				
City Milwaukee		State WI	Zip Code 53216	
Purpose of Disbursement payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼
			FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-10565</b> Amount of Each Disbursement this Period <input type="text" value="345.41"/> <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="932.23"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Gosia, Dean L, , ,**

Mailing Address 4132 N 61

City Milwaukee

State WI

Zip Code 53216

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10565**  
 Amount of Each Disbursement this Period  
 [ ] 274.93

Memo Item

Full Name (Last, First, Middle Initial)

**B. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue Apt 2

City South Milwaukee

State WI

Zip Code 53172

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10544**  
 Amount of Each Disbursement this Period  
 [ ] 382.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue Apt 2

City South Milwaukee

State WI

Zip Code 53172

Purpose of Disbursement payroll dir dep

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	13	/	2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10544**  
 Amount of Each Disbursement this Period  
 [ ] 148.94

Memo Item

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

806.16
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10545</b> Amount of Each Disbursement this Period [REDACTED] 136.68	
City South Milwaukee	State WI	Zip Code 53172	Memo Item <input type="checkbox"/>	
Purpose of Disbursement payroll dir dep		Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10546</b> Amount of Each Disbursement this Period [REDACTED] 108.98	
City South Milwaukee	State WI	Zip Code 53172	Memo Item <input type="checkbox"/>	
Purpose of Disbursement payroll dir dep		Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Grover, Brandon M, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 1011 Milwaukee Avenue Apt 2			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period [REDACTED] 277.85	
City South Milwaukee	State WI	Zip Code 53172	Memo Item <input type="checkbox"/>	
Purpose of Disbursement payroll dir dep		Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 523.51
<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. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B-10547**

Amount of Each Disbursement this Period

[Redacted] 581.61

Memo Item

Full Name (Last, First, Middle Initial)

**B. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B-10547**

Amount of Each Disbursement this Period

[Redacted] 399.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C [Redacted]

**Transaction ID : SB21B-10547**

Amount of Each Disbursement this Period

[Redacted] 230.66

Memo Item

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

[Redacted] 1211.30

**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. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10549**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Grover, Brandon M, , ,**

Mailing Address 1011 Milwaukee Avenue  
Apt 2

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10549**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address W4960 Kohler Drive

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

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-10521**  
Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10528</b> Amount of Each Disbursement this Period [REDACTED] 115.44	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll dir dep		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10528</b> Amount of Each Disbursement this Period [REDACTED] 115.44	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll dir dep		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10528</b> Amount of Each Disbursement this Period [REDACTED] 416.43	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll dir dep		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 647.31
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10530</b> Amount of Each Disbursement this Period [REDACTED] 209.06	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10530</b> Amount of Each Disbursement this Period [REDACTED] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address W4960 Kohler Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10530</b> Amount of Each Disbursement this Period [REDACTED] 209.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

627.20

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : <b>SB21B-10531</b> Amount of Each Disbursement this Period 209.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : <b>SB21B-10531</b> Amount of Each Disbursement this Period 209.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Hammen, Michelle M, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018	
Mailing Address W4960 Kohler Drive			
City Fredonia	State WI	Zip Code 53021	
Purpose of Disbursement payroll		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : <b>SB21B-10531</b> Amount of Each Disbursement this Period 209.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

627.19

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2018

Mailing Address 828A W Galena St  
#11

City  
Milwaukee

State  
WI

Zip Code  
53205

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10553**  
Amount of Each Disbursement this Period

[REDACTED] 294.91

Memo Item

Purpose of Disbursement  
payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2018

Mailing Address 828A W Galena St  
#11

City  
Milwaukee

State  
WI

Zip Code  
53205

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period

[REDACTED] 129.24

Memo Item

Purpose of Disbursement  
payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2018

Mailing Address 828A W Galena St  
#11

City  
Milwaukee

State  
WI

Zip Code  
53205

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period

[REDACTED] 95.29

Memo Item

Purpose of Disbursement  
payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

[REDACTED] 519.44

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

Mailing Address 828A W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period  
[ ] 235.93

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 828A W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period  
[ ] 2.36

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 828A W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10554**  
Amount of Each Disbursement this Period  
[ ] 481.74

Memo Item

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

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

720.03
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 828A W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10555  
Amount of Each Disbursement this Period  
223.16

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 828A W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10555  
Amount of Each Disbursement this Period  
523.67

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 828A W Galena St  
#11

City Milwaukee State WI Zip Code 53205

Purpose of Disbursement payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10555  
Amount of Each Disbursement this Period  
250.73

Memo Item

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

997.56

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

Mailing Address 828A W Galena St  
#11

City Milwaukee

State WI

Zip Code 53205

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10555

Amount of Each Disbursement this Period

[REDACTED] 134.33

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			06			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10551

Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee

State WI

Zip Code 53204

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			13			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-1055;

Amount of Each Disbursement this Period

[REDACTED] 379.62

Memo Item

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

[REDACTED] 893.57

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

**A. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City  
Milwaukee

State  
WI

Zip Code  
53204

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10552**

Amount of Each Disbursement this Period

[REDACTED] 383.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City  
Milwaukee

State  
WI

Zip Code  
53204

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10552**

Amount of Each Disbursement this Period

[REDACTED] 383.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City  
Milwaukee

State  
WI

Zip Code  
53204

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10552**

Amount of Each Disbursement this Period

[REDACTED] 383.68

Memo Item

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

[REDACTED] 1151.04

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10552**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10553**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-1055:**  
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. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10553**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Huffman, Royce E, , ,**

Mailing Address 1653 S 22nd Street  
#1R

City Milwaukee State WI Zip Code 53204

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10553**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

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-1054**  
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. Kexel, James L, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10545**  
Amount of Each Disbursement this Period

[REDACTED] 354.16

Memo Item

Purpose of Disbursement  
payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Kexel, James L, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10545**  
Amount of Each Disbursement this Period

[REDACTED] 282.13

Memo Item

Purpose of Disbursement  
payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Kexel, James L, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10545**  
Amount of Each Disbursement this Period

[REDACTED] 270.82

Memo Item

Purpose of Disbursement  
payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

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

[REDACTED] 907.11

[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**

**A. Kexel, James L, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2018

Mailing Address 2302 12th Avenue #18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B-10546

Amount of Each Disbursement this Period: 296.09

Memo Item

**B. Kexel, James L, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2018

Mailing Address 2302 12th Avenue #18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B-10547

Amount of Each Disbursement this Period: 508.85

Memo Item

**C. Kexel, James L, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
05 / 18 / 2018

Mailing Address 2302 12th Avenue #18

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B-1054;

Amount of Each Disbursement this Period: 223.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1027.96

**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. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10548

Amount of Each Disbursement this Period

[REDACTED]	173.16
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10548

Amount of Each Disbursement this Period

[REDACTED]	230.88
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kexel, James L, , ,**

Mailing Address 2302 12th Avenue  
#18

City  
South Milwaukee

State  
WI

Zip Code  
53172

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10548

Amount of Each Disbursement this Period

[REDACTED]	164.61
------------	--------

Memo Item

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

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

[REDACTED]	568.65
------------	--------

[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. Martin, Kevin L, , ,**

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10569

Amount of Each Disbursement this Period

[REDACTED] 283.15

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10570

Amount of Each Disbursement this Period

[REDACTED] 134.21

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10571

Amount of Each Disbursement this Period

[REDACTED] 90.91

Memo Item

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

[REDACTED] 508.27

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

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10570

Amount of Each Disbursement this Period

164.56

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10570

Amount of Each Disbursement this Period

343.85

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1820 W Wells Street

City  
Milwaukee

State  
WI

Zip Code  
53233

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10570

Amount of Each Disbursement this Period

172.39

Memo Item

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

680.80

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10571

Amount of Each Disbursement this Period

[REDACTED] 103.87

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10571

Amount of Each Disbursement this Period

[REDACTED] 252.56

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10571

Amount of Each Disbursement this Period

[REDACTED] 119.43

Memo Item

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

[REDACTED] 475.86

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

Mailing Address 1820 W Wells Street

City Milwaukee

State WI

Zip Code 53233

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10571

Amount of Each Disbursement this Period

208.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10559

Amount of Each Disbursement this Period

114.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nowak, Justin, , ,**

Mailing Address 2038 S 30th Street

City Milwaukee

State WI

Zip Code 53215

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10561

Amount of Each Disbursement this Period

70.79

Memo Item

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

393.60

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial) <b>A. Nowak, Justin, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 2038 S 30th Street			
City Milwaukee	State WI	Zip Code 53215	
Purpose of Disbursement payroll		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
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: _____		
FEC Identification Number <input type="text" value="C"/>		Transaction ID : <b>SB21B-10560</b>	
Amount of Each Disbursement this Period <input type="text" value="23.09"/>		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Nowak, Justin, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 2038 S 30th Street			
City Milwaukee	State WI	Zip Code 53215	
Purpose of Disbursement payroll		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
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: _____		
FEC Identification Number <input type="text" value="C"/>		Transaction ID : <b>SB21B-10561</b>	
Amount of Each Disbursement this Period <input type="text" value="29.85"/>		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Nowak, Justin, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 2038 S 30th Street			
City Milwaukee	State WI	Zip Code 53215	
Purpose of Disbursement payroll		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
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: _____		
FEC Identification Number <input type="text" value="C"/>		Transaction ID : <b>SB21B-10561</b>	
Amount of Each Disbursement this Period <input type="text" value="140.30"/>		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="193.24"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : <b>SB21B-10561</b> Amount of Each Disbursement this Period [REDACTED] 22.60	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____ District: _____				
Full Name (Last, First, Middle Initial) <b>B. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : <b>SB21B-10562</b> Amount of Each Disbursement this Period [REDACTED] 158.86	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____ District: _____				
Full Name (Last, First, Middle Initial) <b>C. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : <b>SB21B-1056;</b> Amount of Each Disbursement this Period [REDACTED] 260.04	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____ District: _____				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 441.50	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[REDACTED]	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C	
Purpose of Disbursement payroll			Transaction ID : <b>SB21B-10563</b>	
Candidate Name			Amount of Each Disbursement this Period 218.05	
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>B. Nowak, Justin, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 2038 S 30th Street				
City Milwaukee	State WI	Zip Code 53215	FEC Identification Number C	
Purpose of Disbursement payroll			Transaction ID : <b>SB21B-10563</b>	
Candidate Name			Amount of Each Disbursement this Period 196.41	
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>C. Ostoich, Michael J, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 6547 Greenway #1				
City Greendale	State WI	Zip Code 53129	FEC Identification Number C	
Purpose of Disbursement payroll			Transaction ID : <b>SB21B-1053t</b>	
Candidate Name			Amount of Each Disbursement this Period 327.28	
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	741.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10537  
Amount of Each Disbursement this Period  
403.62

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10537  
Amount of Each Disbursement this Period  
372.81

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10537  
Amount of Each Disbursement this Period  
342.95

Memo Item

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

1119.38

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10538  
Amount of Each Disbursement this Period  
320.38

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10538  
Amount of Each Disbursement this Period  
422.93

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale

State WI

Zip Code 53129

Purpose of Disbursement payroll

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10538  
Amount of Each Disbursement this Period  
370.14

Memo Item

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

1113.45

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10539**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10539**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 6547 Greenway #1

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10544**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Petrovich, Michael V, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 6869 Crocus Court Apt 2				
City Greendale	State WI	Zip Code 53129		
Purpose of Disbursement payroll dir dep		Category/ Type 001	FEC Identification Number C <b>Transaction ID : SB21B-10536</b> Amount of Each Disbursement this Period 343.65	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Petrovich, Michael V, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 6869 Crocus Court Apt 2				
City Greendale	State WI	Zip Code 53129		
Purpose of Disbursement payroll dir dep		Category/ Type 001	FEC Identification Number C <b>Transaction ID : SB21B-10537</b> Amount of Each Disbursement this Period 367.08	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Petrovich, Michael V, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 6869 Crocus Court Apt 2				
City Greendale	State WI	Zip Code 53129		
Purpose of Disbursement payroll dir dep		Category/ Type 001	FEC Identification Number C <b>Transaction ID : SB21B-10537</b> Amount of Each Disbursement this Period 352.88	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			1063.61	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10538</b> Amount of Each Disbursement this Period [REDACTED] 385.81	
City Greendale	State WI	Zip Code 53129	Category/ Type 001
Purpose of Disbursement payroll dir dep		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10538</b> Amount of Each Disbursement this Period [REDACTED] 348.97	
City Greendale	State WI	Zip Code 53129	Category/ Type 001
Purpose of Disbursement payroll dir dep		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10538</b> Amount of Each Disbursement this Period [REDACTED] 438.87	
City Greendale	State WI	Zip Code 53129	Category/ Type 001
Purpose of Disbursement payroll dir dep		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

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

1173.65

**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. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10539</b> Amount of Each Disbursement this Period [REDACTED] 352.88
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement payroll dir dep		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10539</b> Amount of Each Disbursement this Period [REDACTED] 357.49
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement payroll dir dep		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Petrovich, Michael V, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 6869 Crocus Court Apt 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period [REDACTED] 341.61
City Greendale	State WI	Zip Code 53129
Purpose of Disbursement payroll		Category/ Type 001
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)..... ▶

1051.98

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 6869 Crocus Court  
Apt 2

City Greendale State WI Zip Code 53129

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10540**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

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-10528**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City Fredonia State WI Zip Code 53021

Purpose of Disbursement payroll dir dep

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-10528**  
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. Piaro, Robert R, , ,**

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll dir dep

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	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10529

Amount of Each Disbursement this Period

[REDACTED] 2141.77

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll dir dep

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	4		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10529

Amount of Each Disbursement this Period

[REDACTED] 2141.77

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll dir dep

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	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10529

Amount of Each Disbursement this Period

[REDACTED] 765.08

Memo Item

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

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

[REDACTED] 5048.62

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert R, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10529 Amount of Each Disbursement this Period [REDACTED] 765.08	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____ District: _____				
Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert R, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10530 Amount of Each Disbursement this Period [REDACTED] 535.08	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____				
Full Name (Last, First, Middle Initial) <b>C. Piaro, Robert R, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 8444 County Road M				
City Fredonia	State WI	Zip Code 53021	FEC Identification Number C [REDACTED]	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10531 Amount of Each Disbursement this Period [REDACTED] 535.08	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 1835.24	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[REDACTED]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Piaro, Robert R, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10530</b> Amount of Each Disbursement this Period [ ] 535.09	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Piaro, Robert R, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10531</b> Amount of Each Disbursement this Period [ ] 535.07	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Piaro, Robert R, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2018	
Mailing Address 8444 County Road M		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10531</b> Amount of Each Disbursement this Period [ ] 535.09	
City Fredonia	State WI	Zip Code 53021	Category/ Type 001
Purpose of Disbursement payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

1605.25

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2018

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10532**  
Amount of Each Disbursement this Period  
[REDACTED] 535.08

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 8444 County Road M

City  
Fredonia

State  
WI

Zip Code  
53021

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2018

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10532**  
Amount of Each Disbursement this Period  
[REDACTED] 535.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City  
Greenfield

State  
WI

Zip Code  
53220

Purpose of Disbursement  
payroll dir dep

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2018

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10561**  
Amount of Each Disbursement this Period  
[REDACTED] 132.99

Memo Item

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

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

[REDACTED]	1203.16
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City Greenfield State WI Zip Code 53220

Purpose of Disbursement payroll dir dep

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-10568**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City Greenfield State WI Zip Code 53220

Purpose of Disbursement payroll dir dep

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-10568**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City Greenfield State WI Zip Code 53220

Purpose of Disbursement payroll dir dep

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-10568**  
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. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City  
Greenfield

State  
WI

Zip Code  
53220

Purpose of Disbursement  
payroll dir dep

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	5		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10568

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0
									1
									2
									4
									6
									8
									0
									.
									6
									8
									0

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City  
Greenfield

State  
WI

Zip Code  
53220

Purpose of Disbursement  
payroll dir dep

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	5		1	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10568

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0
									1
									4
									7
									6
									0
									.
									4
									7
									6
									0

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pintar, Bryan J, , ,**

Mailing Address 6475 W English Meadows Drive  
E306

City  
Greenfield

State  
WI

Zip Code  
53220

Purpose of Disbursement  
payroll dir dep

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	5		1	8		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10568

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0
									9
									4
									2
									0
									.
									2
									0
									9
									4
									0

Memo Item

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

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

3	6	6	4	9
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pintar, Bryan J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018
Mailing Address 6475 W English Meadows Drive E306		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10569</b> Amount of Each Disbursement this Period [REDACTED] 151.14
City Greenfield	State WI	Zip Code 53220
Purpose of Disbursement payroll dir dep		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Pintar, Bryan J, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 6475 W English Meadows Drive E306		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10569</b> Amount of Each Disbursement this Period [REDACTED] 167.76
City Greenfield	State WI	Zip Code 53220
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Pintar, Bryan J, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018
Mailing Address 6475 W English Meadows Drive E306		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10569</b> Amount of Each Disbursement this Period [REDACTED] 110.82
City Greenfield	State WI	Zip Code 53220
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 429.72
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Ricco, Michael D, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 11440 NW 32nd Pl				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10525 Amount of Each Disbursement this Period 300.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Ricco, Michael D, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 11440 NW 32nd Pl				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10526 Amount of Each Disbursement this Period 300.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Ricco, Michael D, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 11440 NW 32nd Pl				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10527 Amount of Each Disbursement this Period 300.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			900.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

**A. Ricco, Michael D, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2018

Mailing Address 11440 NW 32nd Pl

City  
Sunrise

State  
FL

Zip Code  
33323

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10526

Amount of Each Disbursement this Period

[REDACTED] 300.00

Purpose of Disbursement  
payroll dir dep

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ricco, Michael D, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

Mailing Address 11440 NW 32nd Pl

City  
Sunrise

State  
FL

Zip Code  
33323

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10526

Amount of Each Disbursement this Period

[REDACTED] 300.00

Purpose of Disbursement  
payroll dir dep

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ricco, Michael D, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2018

Mailing Address 11440 NW 32nd Pl

City  
Sunrise

State  
FL

Zip Code  
33323

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10526

Amount of Each Disbursement this Period

[REDACTED] 300.00

Purpose of Disbursement  
payroll dir dep

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

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

[REDACTED] 900.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Ricco, Michael D, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 11440 NW 32nd Pl				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10527 Amount of Each Disbursement this Period 300.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Ricco, Michael D, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 11440 NW 32nd Pl				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C	
Purpose of Disbursement payroll dir dep		Category/ Type 001	Transaction ID : SB21B-10527 Amount of Each Disbursement this Period 300.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Ricco, Michael D, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 11440 NW 32nd Pl				
City Sunrise	State FL	Zip Code 33323	FEC Identification Number C	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : SB21B-10527 Amount of Each Disbursement this Period 300.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional).....			900.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Ricco, Michael D, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 11440 NW 32nd Pl

City Sunrise State FL Zip Code 33323

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 08 / 2018

FEC Identification Number C

Transaction ID : SB21B-10527

Amount of Each Disbursement this Period 300.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd. Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 06 / 2018

FEC Identification Number C

Transaction ID : SB21B-10532

Amount of Each Disbursement this Period 114.84

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 520 Random Lake Rd. Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll dir dep

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 13 / 2018

FEC Identification Number C

Transaction ID : SB21B-10533

Amount of Each Disbursement this Period 114.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 529.69

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement  
payroll dir dep

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-10533**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement  
payroll dir dep

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-10533**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement  
payroll dir dep

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-10533**  
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. Stetler, Melissa L, , ,**

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10533**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-10533**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

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-10533**  
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. Stetler, Melissa L, , ,**

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

FEC Identification Number

C
Transaction ID : SB21B-10534
Amount of Each Disbursement this Period
192.33

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 520 Random Lake Rd.  
Apt. 303

City Random Lake State WI Zip Code 53075

Purpose of Disbursement payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2018

FEC Identification Number

C
Transaction ID : SB21B-10534
Amount of Each Disbursement this Period
192.33

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2018

FEC Identification Number

C
Transaction ID : SB21B-10571
Amount of Each Disbursement this Period
236.46

Memo Item

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

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

621.12
--------

# 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. Sucher, Robin, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-10572
Amount of Each Disbursement this Period
478.47

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sucher, Robin, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-10572
Amount of Each Disbursement this Period
174.75

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-10572
Amount of Each Disbursement this Period
301.95

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:	

Memo Item

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

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

955.17
--------

**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. Sucher, Robin, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

Mailing Address 7541 S. Roberts Rd  
#3

FEC Identification Number

C [REDACTED]

City Bridgeview State IL Zip Code 60455

**Transaction ID : SB21B-10572**  
Amount of Each Disbursement this Period

Purpose of Disbursement payroll dir dep

001  
Category/  
Type

[REDACTED] 250.16

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sucher, Robin, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2018

Mailing Address 7541 S. Roberts Rd  
#3

FEC Identification Number

C [REDACTED]

City Bridgeview State IL Zip Code 60455

**Transaction ID : SB21B-10572**  
Amount of Each Disbursement this Period

Purpose of Disbursement payroll dir dep

001  
Category/  
Type

[REDACTED] 366.34

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2018

Mailing Address 7541 S. Roberts Rd  
#3

FEC Identification Number

C [REDACTED]

City Bridgeview State IL Zip Code 60455

**Transaction ID : SB21B-10572**  
Amount of Each Disbursement this Period

Purpose of Disbursement payroll dir dep

001  
Category/  
Type

[REDACTED] 303.23

Candidate Name

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

Memo Item

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

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

[REDACTED] 919.73

[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. Sucher, Robin, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2018

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll dir dep

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10573  
Amount of Each Disbursement this Period

419.44
--------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sucher, Robin, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10573  
Amount of Each Disbursement this Period

504.12
--------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sucher, Robin, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2018

Mailing Address 7541 S. Roberts Rd  
#3

City Bridgeview State IL Zip Code 60455

Purpose of Disbursement payroll

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10573  
Amount of Each Disbursement this Period

294.21
--------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

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

1217.77
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10540</b> Amount of Each Disbursement this Period [REDACTED] 615.38	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep		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>B. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10541</b> Amount of Each Disbursement this Period [REDACTED] 652.05	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep		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>C. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10541</b> Amount of Each Disbursement this Period [REDACTED] 597.05	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1864.48
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10541</b> Amount of Each Disbursement this Period 642.88	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10542</b> Amount of Each Disbursement this Period 615.39	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10543</b> Amount of Each Disbursement this Period 642.88	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep			
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)..... ▶

1901.15

**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. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10543</b> Amount of Each Disbursement this Period [ ] 615.39	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10543</b> Amount of Each Disbursement this Period [ ] 661.21	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll dir dep			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sullivan IV, William J, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018	
Mailing Address 8825 S 11th Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10543</b> Amount of Each Disbursement this Period [ ] 597.06	
City Oak Creek	State WI	Zip Code 53145	Category/ Type 001
Purpose of Disbursement payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

1873.66

**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. Sullivan IV, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 06 / 08 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C [ ] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period [ ] 615.38	
Purpose of Disbursement payroll		Category/ Type 001	<input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 06 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C [ ] <b>Transaction ID : SB21B-10540</b> Amount of Each Disbursement this Period [ ] 345.44	
Purpose of Disbursement payroll dir dep		Category/ Type 001	<input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>C. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C [ ] <b>Transaction ID : SB21B-10541</b> Amount of Each Disbursement this Period [ ] 202.79	
Purpose of Disbursement payroll dir dep		Category/ Type 001	<input type="checkbox"/> Memo Item	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 1163.61	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Sullivan V, William J, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 20 / 2018	
Mailing Address 8825 S 11th Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10541</b> Amount of Each Disbursement this Period [ ] 314.80	
City Oak Creek	State WI	Zip Code 53145	Category/Type 001	
Purpose of Disbursement payroll dir dep		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Sullivan V, William J, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 27 / 2018	
Mailing Address 8825 S 11th Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10542</b> Amount of Each Disbursement this Period [ ] 280.29	
City Oak Creek	State WI	Zip Code 53145	Category/Type 001	
Purpose of Disbursement payroll dir dep		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Sullivan V, William J, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 05 / 04 / 2018	
Mailing Address 8825 S 11th Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10543</b> Amount of Each Disbursement this Period [ ] 274.49	
City Oak Creek	State WI	Zip Code 53145	Category/Type 001	
Purpose of Disbursement payroll dir dep		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 869.58	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C [ ] <b>Transaction ID : SB21B-10542</b> Amount of Each Disbursement this Period [ ] 309.37	
Purpose of Disbursement payroll dir dep		Category/ Type 001	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C [ ] <b>Transaction ID : SB21B-10543</b> Amount of Each Disbursement this Period [ ] 345.42	
Purpose of Disbursement payroll dir dep		Category/ Type 001	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Sullivan V, William J, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 8825 S 11th Avenue				
City Oak Creek	State WI	Zip Code 53145	FEC Identification Number C [ ] <b>Transaction ID : SB21B-10544</b> Amount of Each Disbursement this Period [ ] 264.80	
Purpose of Disbursement payroll dir dep		Category/ Type 001	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 919.59	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Sullivan V, William J, , ,**

Mailing Address 8825 S 11th Avenue

City  
Oak Creek

State  
WI

Zip Code  
53145

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2018			

FEC Identification Number

C

Transaction ID : SB21B-10544

Amount of Each Disbursement this Period

299.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sullivan V, William J, , ,**

Mailing Address 8825 S 11th Avenue

City  
Oak Creek

State  
WI

Zip Code  
53145

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2018			

FEC Identification Number

C

Transaction ID : SB21B-10544

Amount of Each Disbursement this Period

204.85

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City  
Phoenix

State  
AZ

Zip Code  
85250

Purpose of Disbursement  
Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			04			2018			

FEC Identification Number

C

Transaction ID : SB21B-1048

Amount of Each Disbursement this Period

16860.16

Memo Item

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

17364.67

**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 Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
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-10484**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software 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-10485**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software 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-1048!**  
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 Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10485  
Amount of Each Disbursement this Period  
3846.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10485  
Amount of Each Disbursement this Period  
3066.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10485  
Amount of Each Disbursement this Period  
2472.32

Memo Item

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

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

9385.44

**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 Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 2101.76

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 2406.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services LLC**

Mailing Address 125 North 2nd Street  
Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement  
Software Licensing Payment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10486

Amount of Each Disbursement this Period

[REDACTED] 1580.00

Memo Item

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

[REDACTED] 6088.16

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Technology Services LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2018
Mailing Address 125 North 2nd Street Unit 110 Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10486</b> Amount of Each Disbursement this Period 41224.48
City Phoenix	State AZ	Zip Code 85250
Purpose of Disbursement Software Licensing Payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. American Technology Services LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2018
Mailing Address 125 North 2nd Street Unit 110 Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10486</b> Amount of Each Disbursement this Period 30954.40
City Phoenix	State AZ	Zip Code 85250
Purpose of Disbursement Software Licensing Payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. American Technology Services LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2018
Mailing Address 125 North 2nd Street Unit 110 Box 241		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10486</b> Amount of Each Disbursement this Period 39330.40
City Phoenix	State AZ	Zip Code 85250
Purpose of Disbursement Software Licensing Payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	111509.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

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  
04 / 03 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10487  
Amount of Each Disbursement this Period  
632.30

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

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10487  
Amount of Each Disbursement this Period  
77.04

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

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10487  
Amount of Each Disbursement this Period  
129.90

Memo Item

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

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

839.24

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Authnet Gateway**

Mailing Address PO Box 899

City San Francisco State CA Zip Code 94128

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  
05 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10487

Amount of Each Disbursement this Period

[REDACTED] 64.72

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

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10488

Amount of Each Disbursement this Period

[REDACTED] 102.45

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

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10488

Amount of Each Disbursement this Period

[REDACTED] 76.60

Memo Item

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

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

[REDACTED] 243.77

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10488</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period 60.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10489</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period 170.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Clearent LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2018
Mailing Address 222 South Central Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10488</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Credit Card Fee/Merchant Fee		Amount of Each Disbursement this Period 20.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10488

Amount of Each Disbursement this Period

[REDACTED] 20.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 05 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10489

Amount of Each Disbursement this Period

[REDACTED] 5938.61

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 11 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10488

Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item

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

[REDACTED] 6008.61

**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. 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  
04 / 18 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10489

Amount of Each Disbursement this Period

[REDACTED] 35.00

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  
04 / 26 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10489

Amount of Each Disbursement this Period

[REDACTED] 30.00

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  
04 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10491

Amount of Each Disbursement this Period

[REDACTED] 85.00

Memo Item

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

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

[REDACTED] 150.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10490

Amount of Each Disbursement this Period

[REDACTED] 25.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10490

Amount of Each Disbursement this Period

[REDACTED] 1033.94

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10490

Amount of Each Disbursement this Period

[REDACTED] 55.00

Memo Item

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

[REDACTED] 1113.94

**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. 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  
05 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10491

Amount of Each Disbursement this Period

35.00

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  
05 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10490

Amount of Each Disbursement this Period

20.00

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  
06 / 05 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10491

Amount of Each Disbursement this Period

564.87

Memo Item

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

619.87

**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  
06 / 11 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10491

Amount of Each Disbursement this Period

25.00

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  
06 / 13 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10491

Amount of Each Disbursement this Period

75.00

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  
06 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10491

Amount of Each Disbursement this Period

45.00

Memo Item

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

145.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. 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  
06 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10492

Amount of Each Disbursement this Period

35.00

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  
06 / 22 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10492

Amount of Each Disbursement this Period

25.00

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  
06 / 26 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10492

Amount of Each Disbursement this Period

100.00

Memo Item

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

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

160.00

**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 EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial) <b>A. Clearent LLC</b>			Date of Disbursement MM / DD / YYYY 06 / 27 / 2018	
Mailing Address 222 South Central Suite 700			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10492</b>	
City Clayton	State MO	Zip Code 63105	Amount of Each Disbursement this Period [REDACTED] 40.00	
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>B. Clearent LLC</b>			Date of Disbursement MM / DD / YYYY 06 / 28 / 2018	
Mailing Address 222 South Central Suite 700			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10492</b>	
City Clayton	State MO	Zip Code 63105	Amount of Each Disbursement this Period [REDACTED] 65.00	
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. Compliance Consultants LLC</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2018	
Mailing Address 1345 Jefferson St. #454			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-1049:</b>	
City Milwaukee	State WI	Zip Code 53202	Amount of Each Disbursement this Period [REDACTED] 23930.66	
Purpose of Disbursement credit card pmt processing/verifications		Category/Type 003	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] 24035.66
<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. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10494  
Amount of Each Disbursement this Period  
14221.23

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10494  
Amount of Each Disbursement this Period  
8937.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10494  
Amount of Each Disbursement this Period  
11134.26

Memo Item

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

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

34292.56

**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 LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

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-10494**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

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-10494**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

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-10494**  
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. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10495

Amount of Each Disbursement this Period

2983.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10495

Amount of Each Disbursement this Period

3415.58

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10495

Amount of Each Disbursement this Period

2242.61

Memo Item

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

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

8641.38

**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 LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10493

Amount of Each Disbursement this Period

58512.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10493

Amount of Each Disbursement this Period

43935.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. Compliance Consultants LLC**

Mailing Address 1345 Jefferson St.  
#454

City Milwaukee

State WI

Zip Code 53202

Purpose of Disbursement credit card pmt processing/verifications

003

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10493

Amount of Each Disbursement this Period

55823.68

Memo Item

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

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

158270.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Computer Wild Inc**

Mailing Address 1430 W Toni Rae Dr

City Spokane State WA Zip Code 99218

Purpose of Disbursement  
Computer (Equipment/Programming/Support)

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10495**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Department of Workforce Development**

Mailing Address 6083 N Teutonia Ave  
PO Box 09999

City Milwaukee State WI Zip Code 53209-0999

Purpose of Disbursement  
State Unemployment pmt

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-10495**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Docu-sign**

Mailing Address 999 3rd Ave

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Document signing service

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-1057**  
Amount of Each Disbursement this Period

Memo Item  
Credit Card Purchase

**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. Docu-sign**

Mailing Address 999 3rd Ave

City  
Seattle

State  
WA

Zip Code  
98101

Purpose of Disbursement  
Document signing service

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10574

Amount of Each Disbursement this Period

40.00

Credit Card Purchase

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10496

Amount of Each Disbursement this Period

133.80

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	05	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10496

Amount of Each Disbursement this Period

470.00

Memo Item

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

603.80

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10496**  
Amount of Each Disbursement this Period  
[ ] 129.83

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10496**  
Amount of Each Disbursement this Period  
[ ] 135.13

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10496**  
Amount of Each Disbursement this Period  
[ ] 135.88

Memo Item

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

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

4	0	0	8	4
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10497

Amount of Each Disbursement this Period

140.38

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10497

Amount of Each Disbursement this Period

358.80

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10497

Amount of Each Disbursement this Period

134.07

Memo Item

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

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

633.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	6				2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10497**  
Amount of Each Disbursement this Period  
[ ] 131.17

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	3				2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10497**  
Amount of Each Disbursement this Period  
[ ] 131.17

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				3	0				2	0	1	8

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10497**  
Amount of Each Disbursement this Period  
[ ] 144.51

Memo Item

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

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

4	0	6	.	8	5
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

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	6		0	5		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10498**  
Amount of Each Disbursement this Period  
[REDACTED] 350.10

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10498**  
Amount of Each Disbursement this Period  
[REDACTED] 139.10

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10498**  
Amount of Each Disbursement this Period  
[REDACTED] 135.88

Memo Item

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

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

[REDACTED]	625.08
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10498

Amount of Each Disbursement this Period

36.12
-------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2018

Mailing Address 20670 Watertown Rd  
Ste 1040

City  
Waukesha

State  
WI

Zip Code  
53186-1867

Purpose of Disbursement  
Accounting Services

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10499

Amount of Each Disbursement this Period

43.91
-------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Fox O'Neil & Shannon S.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2018

Mailing Address 622 N Water St  
Ste 500

City  
Milwaukee

State  
WI

Zip Code  
53202

Purpose of Disbursement  
Legal

001
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-10495

Amount of Each Disbursement this Period

355.25
--------

Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

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

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

435.28
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10499

Amount of Each Disbursement this Period

2323.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10499

Amount of Each Disbursement this Period

2255.33

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

2043.93

Memo Item

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

6623.16

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10500  
Amount of Each Disbursement this Period  
2387.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804521

City Cincinnati

State OH

Zip Code 45280-4521

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10499  
Amount of Each Disbursement this Period  
559.11

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement Federal Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10500  
Amount of Each Disbursement this Period  
1552.89

Memo Item

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

4499.56

**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. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address PO Box 804522		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10500</b> Amount of Each Disbursement this Period [ ] 1801.18
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2018
Mailing Address PO Box 804522		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10500</b> Amount of Each Disbursement this Period [ ] 1820.10
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018
Mailing Address PO Box 804522		FEC Identification Number C [ ] <b>Transaction ID : SB21B-10500</b> Amount of Each Disbursement this Period [ ] 2050.70
City Cincinnati	State OH	Zip Code 45280-4522
Purpose of Disbursement Federal Payroll Withholding		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 5671.98
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

[REDACTED] 1931.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

[REDACTED] 1666.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

[REDACTED] 551.52

Memo Item

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

[REDACTED] 4149.41

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10501

Amount of Each Disbursement this Period

536.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address PO Box 804522

City Cincinnati

State OH

Zip Code 45280-4522

Purpose of Disbursement  
Federal Payroll Withholding

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10502

Amount of Each Disbursement this Period

536.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Legal Zoom**

Mailing Address 101 N Brand Blvd

City Glendale

State CA

Zip Code 91203

Purpose of Disbursement  
Legal services

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2018

FEC Identification Number

C

Transaction ID : SB21B-1057

Amount of Each Disbursement this Period

15.99

Credit Card Purchase

Memo Item

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

1072.82

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Legal Zoom**

Mailing Address 101 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement  
Legal services

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 22 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-10574**  
Amount of Each Disbursement this Period  
 15.99

Memo Item  
Credit Card Purchase

Full Name (Last, First, Middle Initial)

**B. Legal Zoom**

Mailing Address 101 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement  
Legal services

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 11 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-10574**  
Amount of Each Disbursement this Period  
 15.99

Memo Item  
Credit Card Purchase

Full Name (Last, First, Middle Initial)

**C. North American Marketing**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Campaign literature

006  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 06 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B-1050;**  
Amount of Each Disbursement this Period  
 202.56

Memo Item

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

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

202.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. North American Marketing</b>			Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address 3245 N 126th St			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10502</b>	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [ ] 413.41	
Purpose of Disbursement Campaign literature		Category/ Type 006	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. North American Marketing</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2018	
Mailing Address 3245 N 126th St			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10502</b>	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [ ] 366.39	
Purpose of Disbursement Campaign literature		Category/ Type 006	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. North American Marketing</b>			Date of Disbursement MM / DD / YYYY 04 / 27 / 2018	
Mailing Address 3245 N 126th St			FEC Identification Number C [ ] <b>Transaction ID : SB21B-10502</b>	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [ ] 269.62	
Purpose of Disbursement Campaign literature		Category/ Type 006	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).....▶	[ ] 1049.42
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. North American Marketing**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10503  
Amount of Each Disbursement this Period  
356.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10503  
Amount of Each Disbursement this Period  
657.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-1050:  
Amount of Each Disbursement this Period  
423.07

Memo Item

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

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

1436.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. North American Marketing**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10503**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10503**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-1050**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. North American Marketing**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2018

Mailing Address 3245 N 126th St

FEC Identification Number

C

**Transaction ID : SB21B-10504**  
Amount of Each Disbursement this Period

118.62

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. North American Marketing**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

Mailing Address 3245 N 126th St

FEC Identification Number

C

**Transaction ID : SB21B-10504**  
Amount of Each Disbursement this Period

307.48

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. North American Marketing**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2018

Mailing Address 3245 N 126th St

FEC Identification Number

C

**Transaction ID : SB21B-10504**  
Amount of Each Disbursement this Period

64.26

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Campaign literature

006
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

490.36

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Oregon Department of Justice

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

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	4		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10504

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

Full Name (Last, First, Middle Initial)

### B. Oregon Department of Justice

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

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	4		1	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10505

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

Full Name (Last, First, Middle Initial)

### C. Oregon Department of Justice

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

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	4		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-1050!

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

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

[REDACTED] 103.14

**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. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-10505**

Amount of Each Disbursement this Period

34.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-10505**

Amount of Each Disbursement this Period

34.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B-1050!**

Amount of Each Disbursement this Period

34.38

Memo Item

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

103.14

**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. Oregon Department of Justice

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2018

Mailing Address PO Box 14506

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

City Salem State OR Zip Code 97309-0420

Purpose of Disbursement wage attachment

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. Oregon Department of Justice

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2018

Mailing Address PO Box 14506

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

City Salem State OR Zip Code 97309-0420

Purpose of Disbursement wage attachment

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. Oregon Department of Justice

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2018

Mailing Address PO Box 14506

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10506

Amount of Each Disbursement this Period

[REDACTED] 34.38

Memo Item

City Salem State OR Zip Code 97309-0420

Purpose of Disbursement wage attachment

001
Category/Type

Candidate Name

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

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

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

[REDACTED] 103.14

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Oregon Department of Justice**

Mailing Address PO Box 14506

City  
Salem

State  
OR

Zip Code  
97309-0420

Purpose of Disbursement  
wage attachment

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2018

FEC Identification Number

**Transaction ID : SB21B-10506**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

FEC Identification Number

**Transaction ID : SB21B-10507**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

FEC Identification Number

**Transaction ID : SB21B-10508**  
Amount of Each Disbursement this Period

Memo Item

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

<input type="text" value="477.83"/>
-------------------------------------

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

<input type="text"/>
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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. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10508

Amount of Each Disbursement this Period

[REDACTED] 24.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10508

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10508

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 74.95

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PNC</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10509</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement Bank Fee/Bank Charge		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</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10508</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 20.00
Purpose of Disbursement Bank Fee/Bank Charge		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</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10505</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 100.00
Purpose of Disbursement Bank Fee/Bank Charge		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] 145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PNC</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2018	
Mailing Address PO Box 856177		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10507</b>	
City Louisville	State KY	Zip Code 40285	Amount of Each Disbursement this Period [REDACTED] 89.73
Purpose of Disbursement Bank Fee/Bank Charge		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PNC</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10509</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 100.00
Purpose of Disbursement Bank Fee/Bank Charge		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PNC</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2018	
Mailing Address PO Box 609		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-10508</b>	
City Pittsburgh	State PA	Zip Code 15230-9738	Amount of Each Disbursement this Period [REDACTED] 25.00
Purpose of Disbursement Bank Fee/Bank Charge		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 214.73
<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**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10509

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10510

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10507

Amount of Each Disbursement this Period

15.99

Memo Item

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

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

65.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	26	/	2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10510**  
Amount of Each Disbursement this Period  
[ ] 55.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10510**  
Amount of Each Disbursement this Period  
[ ] 508.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2018

FEC Identification Number

C [ ]  
**Transaction ID : SB21B-10507**  
Amount of Each Disbursement this Period  
[ ] 40.00

Memo Item

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

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

603.32
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10510

Amount of Each Disbursement this Period

300.06

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

31.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

24.95

Memo Item

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

356.51

**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**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10510

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

35.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

20.00

Memo Item

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

75.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

15.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10512

Amount of Each Disbursement this Period

20.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2018

FEC Identification Number

C

Transaction ID : SB21B-10513

Amount of Each Disbursement this Period

50.00
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Memo Item

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

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

85.00
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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. PNC**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10507  
Amount of Each Disbursement this Period  
55.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10512  
Amount of Each Disbursement this Period  
470.89

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10511  
Amount of Each Disbursement this Period  
20.00

Memo Item

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

546.88

**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**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10512

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10513

Amount of Each Disbursement this Period

350.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

403.35

Memo Item

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

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

773.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2018			

FEC Identification Number

C

Transaction ID : SB21B-10513

Amount of Each Disbursement this Period

31.50
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2018			

FEC Identification Number

C

Transaction ID : SB21B-10513

Amount of Each Disbursement this Period

24.95
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2018			

FEC Identification Number

C

Transaction ID : SB21B-10513

Amount of Each Disbursement this Period

15.00
-------

Memo Item

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

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

71.45
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10514

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10514

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10514

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

1	1	5	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2018			

FEC Identification Number

C

Transaction ID : SB21B-10514

Amount of Each Disbursement this Period

15.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2018			

FEC Identification Number

C

Transaction ID : SB21B-10514

Amount of Each Disbursement this Period

50.02
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			21			2018			

FEC Identification Number

C

Transaction ID : SB21B-10514

Amount of Each Disbursement this Period

50.00
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Memo Item

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

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

115.02
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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. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10515

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10515

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B-10515

Amount of Each Disbursement this Period

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

Memo Item

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

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

6	5	0	0	0	0
---	---	---	---	---	---

--	--	--	--	--	--

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10515

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10516

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
Bank Fee/Bank Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10511

Amount of Each Disbursement this Period

2	3	0	0	0	6
---	---	---	---	---	---

Memo Item

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

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

2	9	0	0	0	6
---	---	---	---	---	---

2	9	0	0	0	6
---	---	---	---	---	---

**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. Trailblazer**

Mailing Address 620 Mendelssohn Avenue N  
Ste 186

City Golden Valley State MN Zip Code 55427

Purpose of Disbursement Compliance/Reporting/Filing Services

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 02 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B-10516**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 04 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B-10516**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow

Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 11 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B-10516**  
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 Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging & Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-10517
Amount of Each Disbursement this Period
3045.90

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging & Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-10517
Amount of Each Disbursement this Period
3794.70

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement  
Caging & Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-10517
Amount of Each Disbursement this Period
1860.30

Candidate Name

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

Memo Item

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

8700.90
---------

**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. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
1482.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
1197.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10517  
Amount of Each Disbursement this Period  
1017.90

Memo Item

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

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

3697.20
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period 1166.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period 764.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period 19948.50

Memo Item

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

21879.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period  
14976.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement Caging & Escrow  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C  
Transaction ID : SB21B-10519  
Amount of Each Disbursement this Period  
19028.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2018

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding  
Candidate Name  
Category/Type 001

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

FEC Identification Number

C  
Transaction ID : SB21B-10518  
Amount of Each Disbursement this Period  
364.44

Memo Item

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

34368.54
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2018

Mailing Address PO Box 8960

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

[REDACTED] 120.25

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10519**  
Amount of Each Disbursement this Period

[REDACTED] 341.41

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2018

Mailing Address PO Box 8960

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10522**  
Amount of Each Disbursement this Period

[REDACTED] 53.17

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement  
State Payroll Withholding

001  
Category/  
Type

Candidate Name

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

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

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

[REDACTED] 514.83

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10519**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10522**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-10519**  
 Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2018

Mailing Address PO Box 8960

FEC Identification Number

C [ ]

Transaction ID : SB21B-10522  
Amount of Each Disbursement this Period

[ ] 174.68

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding  
Candidate Name  
Category/Type 001

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

Full Name (Last, First, Middle Initial)

### B. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

Transaction ID : SB21B-10520  
Amount of Each Disbursement this Period

[ ] 208.72

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding  
Candidate Name  
Category/Type 001

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

Full Name (Last, First, Middle Initial)

### C. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

Mailing Address PO Box 8960

FEC Identification Number

C [ ]

Transaction ID : SB21B-10521  
Amount of Each Disbursement this Period

[ ] 76.46

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding  
Candidate Name  
Category/Type 001

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

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

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

[ ] 459.86

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	8

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10520**  
Amount of Each Disbursement this Period

[REDACTED] 286.14

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	8

Mailing Address PO Box 8960

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10522**  
Amount of Each Disbursement this Period

[REDACTED] 258.57

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C. Wisconsin Department of Revenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	8

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

[REDACTED] 224.62

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

[REDACTED] 769.33

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS

Full Name (Last, First, Middle Initial)

### A. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2018

Mailing Address PO Box 8960

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10523

Amount of Each Disbursement this Period

[REDACTED] 143.35

Memo Item

City  
Madison

State  
WI

Zip Code  
53708-8960

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2018

Mailing Address PO Box 930208

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10520

Amount of Each Disbursement this Period

[REDACTED] 281.81

Memo Item

City  
Milwaukee

State  
WI

Zip Code  
53293

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### C. Wisconsin Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2018

Mailing Address PO Box 8960

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-10522

Amount of Each Disbursement this Period

[REDACTED] 270.75

Memo Item

City  
Madison

State  
WI

Zip Code  
53708-8960

Purpose of Disbursement  
State Payroll Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

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

[REDACTED] 695.91

[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**

**A. Wisconsin Department of Revenue**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10520

Amount of Each Disbursement this Period: 240.73

Memo Item

**B. Wisconsin Department of Revenue**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8960

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10523

Amount of Each Disbursement this Period: 159.03

Memo Item

**C. Wisconsin Department of Revenue**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 930208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB21B-10521

Amount of Each Disbursement this Period: 183.46

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 583.22

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2018

Mailing Address PO Box 8960

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10523**  
Amount of Each Disbursement this Period

[ ] 98.44

Memo Item

City Madison State WI Zip Code 53708-8960

Purpose of Disbursement State Payroll Withholding  001 Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2018

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

[ ] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding  001 Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

[ ] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding  001 Category/Type

Candidate Name

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

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

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

[ ] 216.58

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Department of Revenue**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2018

Mailing Address PO Box 930208

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10521**  
Amount of Each Disbursement this Period

[ ] 59.07

Memo Item

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement State Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Wisconsin SCTF**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2018

Mailing Address PO Box 74400

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10523**  
Amount of Each Disbursement this Period

[ ] 105.00

Memo Item

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Wisconsin SCTF**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	13	/	2018

Mailing Address PO Box 74400

FEC Identification Number

C [ ]

**Transaction ID : SB21B-10524**  
Amount of Each Disbursement this Period

[ ] 105.00

Memo Item

City Milwaukee State WI Zip Code 53274

Purpose of Disbursement Payroll Withholding

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 269.07

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

[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin SCTF**

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement Payroll Withholding

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10524  
Amount of Each Disbursement this Period  
102.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin SCTF**

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement Payroll Withholding

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10524  
Amount of Each Disbursement this Period  
105.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin SCTF**

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement Payroll Withholding

001

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10524  
Amount of Each Disbursement this Period  
102.32

Memo Item

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

310.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10524**  
Amount of Each Disbursement this Period  
[REDACTED] 102.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-10525**  
Amount of Each Disbursement this Period  
[REDACTED] 105.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin SCTF**

Mailing Address PO Box 74400

City  
Milwaukee

State  
WI

Zip Code  
53274

Purpose of Disbursement  
Payroll Withholding

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	8

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-1052!**  
Amount of Each Disbursement this Period  
[REDACTED] 105.00

Memo Item

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

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

3	1	2	2
---	---	---	---

3	1	2	2
---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS**

Full Name (Last, First, Middle Initial)

**A. Wisconsin SCTF**

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10525  
Amount of Each Disbursement this Period  
105.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin SCTF**

Mailing Address PO Box 74400

City Milwaukee

State WI

Zip Code 53274

Purpose of Disbursement Payroll Withholding

001

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B-10525  
Amount of Each Disbursement this Period  
105.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

210.00

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

628262.69