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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Association for Emergency Responders and Firefighters 342 N. Water Street Ste 600 ADDRESS (number and street) (Check if address is changed) Milwaukee 53202 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bob.piaro@1responders.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00622472 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Piaro, Robert, , , Type or Print Name of Treasurer Piaro, Robert,,, [Electronically Filed] 09 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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

	_			
	FEC Form 1 (Revised (Page 3
			nders and Firefi	ahtare
_		Emergency Respor		
6.	•			ve, or Leadership FAC Sportsor
L	MERICANS FOR TH	IE CURE OF BREAST CAN	ICER	
L				
	Mailing Address	8444 COUNTY RD M		
	Mailing Address			
		Fredonia	WI	53021
		OITY	CTATE	710.0005
		CITY	STATE	ZIP CODE
	Relationship: Connected	d Organization 🗶 Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of the	e person in possession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
_				
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) (assistant treasurer).	of the treasurer of the committ	ee; and the name and address of
	Full Name Piaro, Rob of Treasurer	ert, , ,		
	Mailing Address	8444 COUNTY RD M		
	Ü	1		
		Frediona	WI	53021
		CITY	STATE	ZIP CODE
	Title or Position Treasurer			262 692 2157
			Telephone number	

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Full Name of Designated		_
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number	
Name of Bank, Mailing Address	Bank	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		FEC ID number	C
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	С
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
STANDING BY \	ETERANS PAC INC.		
	8444 COUNTY RD M		
Mailing Address			
	Fredonia	WI	53021
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		E Fundraising Represent	Leadership PAC S
esignated Agent: Identi		E Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	Trundraising Representation of the state of	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ing Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Spons
US VETERANS	ASSISTANCE FOUNDATION		
Mailing Address	8444 COUNTY RD M		
	Fredonia	wi	53021
Relationship:	CITY A	STATE A	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number - option	al)	
Designated Agent: Ident	ify by name, address (phone number – option	al)	
	ify by name, address (phone number – option	al)	
Full Name	ify by name, address (phone number – option	al)	
Full Name	ify by name, address (phone number – option	al)	
Full Name	CITY A	al) STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name	N ▼ CITY ▲	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO	CITY A tories: List all banks or other depositories in v	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositatety deposit boxes or response to the control of the cont	CITY A tories: List all banks or other depositories in v	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ tories: List all banks or other depositories in variations funds.	STATE A Telephone Number	its funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit lafety deposit boxes or residence of Bank,	CITY ▲ tories: List all banks or other depositories in variations funds.	STATE A Telephone Number	its funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit afety deposit boxes or related to the position of Bank, Depository, etc.	CITY ▲ tories: List all banks or other depositories in variations funds.	STATE A Telephone Number	its funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit afety deposit boxes or related to the position of Bank, Depository, etc.	CITY ▲ tories: List all banks or other depositories in variations funds.	STATE A Telephone Number	its funds, holds accounts, rents