

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED
IN REGISTRATION AND EDUCATION PAC

FEC IDENTIFICATION NUMBER ▼

C C00029447

Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Financial Innovations

Date

MM / DD / YYYY

Mailing Address One Weingeroff Boulevard

Amount

696.00

City State Zip Code
Cranston RI 02910

Transaction ID : D22240

Purpose of Expenditure
Rally Signs

Category/
Type 007

Office Sought: ☐ House State: MA
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
ELIZABETH WARREN

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 78441.14

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Allstar Coaches

Date

MM / DD / YYYY

Mailing Address 131 NW 73 Ter

Amount

34329.14

City State Zip Code
Ft. Lauderdale FL 33317

Transaction ID : D22296

Purpose of Expenditure
Motor Coach Rental

Category/
Type 007

Office Sought: ☐ House State: MA
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
ELIZABETH WARREN

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 78441.14

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

35025.14

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas H Miller

[Electronically Filed]

Date

MM / DD / YYYY

Signature

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MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Financial Innovations

Date

MM / DD / YYYY

Mailing Address One Weingeroff Boulevard

Amount

15000.00

City

Cranston

State

RI

Zip Code

02910

Transaction ID : D22297

Purpose of Expenditure
Motor Coach WrappingCategory/
Type

007

Office Sought:

☐ House

State: MA

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ELIZABETH WARREN

Calendar Year-To-Date Per Election
for Office Sought

78441.14

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Michael J. Murphy

Date

MM / DD / YYYY

Mailing Address 9 Westview St.

Amount

14208.00

City

Grafton

State

MA

Zip Code

01519

Transaction ID : D22298

Purpose of Expenditure
Estimated Payment for Transportation ServicesCategory/
Type

001

Office Sought:

☐ House

State: MA

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ELIZABETH WARREN

Calendar Year-To-Date Per Election
for Office Sought

78441.14

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

29208.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Thomas H Miller

[Electronically Filed]

Date

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Signature

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MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

William Costa

Date

MM / DD / YYYY

Mailing Address 31 Early Ave.

Amount

14208.00

City State Zip Code
Medford MA 02155

Transaction ID : D22299

Purpose of Expenditure
Estimated Payment for Transportation Services

Category/
Type 001

Office Sought: ☐ House State: MA
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

ELIZABETH WARREN

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

78441.14

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

14208.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

78441.14

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Thomas H Miller

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Date

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Signature