

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 2
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
Tricom Associates

Date
MM / DD / YYYY
10 / 30 / 2012

Mailing Address 2009 North 14th Street
Suite 407

Amount
10000.00

City State Zip Code
Arlington VA 22201

Transaction ID : D22918

Purpose of Expenditure
Online Advertising Buy
Category/Type 004

Office Sought: House Senate President
State: _____ District: _____
Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought
17779.83

Disbursement For: Primary General
2012 Other (specify) _____

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

Date
MM / DD / YYYY
10 / 31 / 2012

Mailing Address 2009 North 14th Street
Suite 407

Amount
6900.00

City State Zip Code
Arlington VA 22201

Transaction ID : D22919

Purpose of Expenditure
Online Advertising Buy
Category/Type 004

Office Sought: House Senate President
State: _____ District: _____
Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought
17779.83

Disbursement For: Primary General
2012 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 16900.00

(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 10 / 31 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00029447 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Financial Innovations		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">10 / 29 / 2012</div>
Mailing Address One Weingeroff Boulevard		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">879.83</div>
City Cranston	State RI Zip Code 02910	
Purpose of Expenditure Yard Signs	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17779.83</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D22917

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">879.83</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">17779.83</div>

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Thomas H Miller

Signature _____ [Electronically Filed] Date MM / DD / YYYY
10 31 2012