

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

1750 New York Ave NW

Washington

DC

20006

FEC ID No. C00029447

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 4

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTEREST-
ED IN REGISTRATION AND EDUCATION PAC

FEC IDENTIFICATION NUMBER

C C00029447

Check if ☒ 24-hour notice ☐ 48-hour notice

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

Jim Riches

Date

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

Mailing Address

1003 Shore Parkway

Amount

11824.85

City

Brooklyn

State

NY

Zip Code

11228

Purpose of Expenditure

Estimated Travel Cos-
tsCategory/
Type

Office Sought:

☐ House

State: FL

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: 27153504

Calendar Year-To-Date Per Election

11824.85

for Office Sought

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

Rita Riches

Date

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

Mailing Address

1003 Shore Parkway

Amount

3800.00

City

Brooklyn

State

NY

Zip Code

11228

Purpose of Expenditure

Estimated Travel Cos-
tsCategory/
Type

Office Sought:

☐ House

State: FL

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: 27153505

Calendar Year-To-Date Per Election

15624.85

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

15624.85

(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.

Vincent J Bollon

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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

Al Santora

Date

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

Amount

11136.85

City State Zip Code
Long Island City NY 11106

Purpose of Expenditure

Estimated Travel Cos-
tsCategory/
Type

Office Sought:

☐ House

State: FL

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: 27153506

Calendar Year-To-Date Per Election

26761.70

for Office Sought

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

Maureen Santora

Date

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

Amount

3800.00

City State Zip Code
Long Island City NY 11106

Purpose of Expenditure

Estimated Travel Cos-
tsCategory/
Type

Office Sought:

☐ House

State: FL

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: 27153507

Calendar Year-To-Date Per Election

30561.70

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

14936.85

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Vincent J Bollon

Signature

M M / D D / Y Y Y Y
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FEC IDENTIFICATION NUMBER

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Check if ☒ 24-hour notice ☐ 48-hour notice

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

Sally Regenhard

Date

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

Amount

3800.00

Mailing Address
PO Box 70City State Zip Code
Bronx NY 10470

Purpose of Expenditure

Estimated Travel Cos-
tsCategory/
TypeOffice Sought: ☐ House State: FL
☐ Senate District: 00
☒ PresidentialName of Federal Candidate supported or Opposed by expenditure:
Rudy GiulianiCheck One: ☐ Support ☒ OpposeDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____

Transaction ID: 27153508

Calendar Year-To-Date Per Election
for Office Sought 34361.70Full Name (Last, First, Middle, Initial) of Payee
Rosaleen Tallon

Date

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

Amount

3800.00

Mailing Address
14 Westmoreland DriveCity State Zip Code
Yonkers NY 10704

Purpose of Expenditure

Estimated Travel Cos-
tsCategory/
TypeOffice Sought: ☐ House State: FL
☐ Senate District: 00
☒ PresidentialName of Federal Candidate supported or Opposed by expenditure:
Rudy GiulianiCheck One: ☐ Support ☒ OpposeDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____

Transaction ID: 27153509

Calendar Year-To-Date Per Election
for Office Sought 38161.70

(a) SUBTOTAL of Itemized Independent Expenditures

7600.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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committee) any political party committee or its agent.

Vincent J Bollon

Signature

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0 1 / 1 8 / 2 0 0 8

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

Tricom Associates

Date

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

Amount

5500.00

Mailing Address
2009 North 14th Street
Suite 407City State Zip Code
Arlington VA 22201Purpose of Expenditure
Estimated Costs for
Press MaterialsCategory/
TypeOffice Sought: ☐ House State: FL
☐ Senate District: 00
☒ PresidentialName of Federal Candidate supported or Opposed by expenditure:
Rudy GiulianiCheck One: ☐ Support ☒ OpposeDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____

Transaction ID: 27153510

Calendar Year-To-Date Per Election
for Office Sought 43661.70

(a) SUBTOTAL of Itemized Independent Expenditures

5500.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

43661.70

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Vincent J Bollon

Signature

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