

# 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 FIREFIGHTERS PAC**

ADDRESS (number and street) **712 H STREET NE**  
**SUITE# 1118**  
 Check if different than previously reported. (ACC) **WASHINGTON DC 20002**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** **C00639708** 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  **11** /  **03** /  **2020** in the State of

5. Covering Period  **10** /  **01** /  **2020** through  **11** /  **23** /  **2020**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Kahn, Michael, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Kahn, Michael, , , [Electronically Filed] Date  **11** /  **24** /  **2020**

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)

Write or Type Committee Name

**ASSOCIATION FOR FIREFIGHTERS PAC**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2020"/>  | <input type="text"/>                 | <input type="text" value="2232.44"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="669.78"/>  |                                      |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="0.00"/>    | <input type="text" value="45.00"/>   |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="669.78"/>  | <input type="text" value="2277.44"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="120.32"/>  | <input type="text" value="1727.98"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="549.46"/>  | <input type="text" value="549.46"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>    |                                      |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="3850.00"/> |                                      |

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 FIREFIGHTERS PAC**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0.00                          | 0.00                              |
| (ii) Unitemized .....   | 0.00                          | 45.00                             |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 0.00                          | 45.00                             |
| (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) .....  | 0.00                          | 45.00                             |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 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)).....▶                         | 0.00                          | 45.00                             |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 0.00                          | 45.00                             |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 120.32                        | 1272.12                           |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 455.86                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 120.32                        | 1727.98                           |
| 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                          | 0.00                              |
| (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                          | 0.00                              |
| 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)) ..      | 120.32                        | 1727.98                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00                          | 455.86                            |

**DETAILED SUMMARY PAGE**  
of Disbursements

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| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0.00                                  | 45.00                                     |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0.00                                  | 45.00                                     |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 455.86                                    |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                                  | 455.86                                    |

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **ASSOCIATION FOR FIREFIGHTERS PAC** Transaction ID : **SC/10.4860**

|  |             |   |   |
|--|-------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Safety Support LLC |             | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 50 Waterbury Road - Suite#210                                    |             |   |   |
| City<br>Prospect   | State<br>CT | ZIP Code<br>06712                             |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1000.00                 | 2000.00                    | - 1000.00                                   |

**TERMS**

|                                  |                              |               |   |
|----------------------------------|------------------------------|---------------|---|
| Date Incurred                    | Date Due                     | Interest Rate | Secured:  |
| MM / DD / YYYY<br>04 / 19 / 2018 | MM / DD / YYYY<br>06/01/2018 | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer                   |
|--|------------------------------------|
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

|   |                 |
|---|-----------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ [ ] - 1000.00 |
| <b>TOTALS</b> This Period (last page in this line only) ..... | ▶ [ ]           |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

|  |                                    |
|--|------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ASSOCIATION FOR FIREFIGHTERS PAC</b> | <b>Transaction ID : SC/10.4861</b> |
|--|------------------------------------|

|  |             |                   |   |   |
|--|-------------|-------------------|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Safety Support LLC |             |                   | <input checked="" type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 50 Waterbury Road - Suite#210                                    |             |                   |   |   |
| City<br>Prospect   | State<br>CT | ZIP Code<br>06712 |   |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1000.00                 | 0.00                       | 1000.00                                     |

|              |                                  |                              |               |   |
|--------------|----------------------------------|------------------------------|---------------|---|
| <b>TERMS</b> | Date Incurred                    | Date Due                     | Interest Rate | Secured:  |
|              | MM / DD / YYYY<br>04 / 26 / 2018 | MM / DD / YYYY<br>06/01/2018 | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

|  |                  |          |                                    |
|--|------------------|----------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |          |                                    |
| Mailing Address                            | Occupation       |          |                                    |
| City                                       | State            | ZIP Code | Amount Guaranteed Outstanding: [ ] |

|   |   |         |
|---|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | ▶ | 1000.00 |
| <b>TOTALS</b> This Period (last page in this line only) ..... | ▶ | 0.00    |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |  |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 8 OF 10                           |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**ASSOCIATION FOR FIREFIGHTERS PAC**

|  |             |                   |  |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Federal Election Commission</b> |             |                   | Nature of Debt (Purpose):<br>Negotiated Settlement |
| Mailing Address 1050 First St NE   |             |                   |  |
| City<br>Washington   | State<br>DC | Zip Code<br>20463 |  |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     | Transaction ID : SD10.-2147483620           |  |
| 3850.00                                   |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 0.00                | 3850.00                                     |  |

|  |       |          |                           |
|--|-------|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor |       |          | Nature of Debt (Purpose): |
| Mailing Address  |       |          |                           |
| City   | State | Zip Code |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     |   |  |
|   |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
|   |                     |   |  |

|  |       |          |                           |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor |       |          | Nature of Debt (Purpose): |
| Mailing Address  |       |          |                           |
| City   | State | Zip Code |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     |   |  |
|   |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
|   |                     |   |  |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 3850.00 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | 3850.00 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | 0.00    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 3850.00 |



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**ASSOCIATION FOR FIREFIGHTERS PAC**

**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5989**  Memo Item

**USZOOM - IPOSTAL1**

Mailing Address 616 Corporate Way #2

City Valley Cottage State NY Zip Code 10989

Purpose of Disbursement: Mail Service

Activity or Event Identifier: **Administrative**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 1161.79

Date: 10 / 02 / 2020

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 9.99             |   | 9.99         |

**B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5990**  Memo Item

**TMOBILE**

Mailing Address P.O BOX 742596

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement:

Activity or Event Identifier: Administrative

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 1211.79

Date: 10 / 06 / 2020

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 50.00            |   | 50.00        |

**C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5991**  Memo Item

**Kall8**

Mailing Address 417 2nd Ave W.

City Seattle State WA Zip Code 98119

Purpose of Disbursement:

Activity or Event Identifier: Administrative

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 1216.99

Date: 10 / 14 / 2020

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 5.20             |   | 5.20         |

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 65.19            |   | 65.19        |

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
|               |  |                  |  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ASSOCIATION FOR FIREFIGHTERS PAC

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.5992 Td Bank. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.5994 USZOOM - IPOSTAL1. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.5993 Kall8. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for Subtotal: FEDERAL SHARE 0.00, NONFEDERAL SHARE 55.13, TOTAL AMOUNT 55.13

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for Total: FEDERAL SHARE 0.00, NONFEDERAL SHARE 120.32, TOTAL AMOUNT 120.32