# Image# 202108269466564385 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

08/26/2021 17 :	34
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	hedule E)		TORES		PAGE 1 OF 6 FOR SE OF FORM 24/48	
A	NAME OF COMMITTEE (In Full)         ASSOCIATION FOR EMERGENCY RESPONDERS AND         FIREFIGHTERS					
Check if 24-hour report 🗶 48-hour report 🗶 New report 🗋 Amends report filed on						
	Full Name of Payee Cloud Data Services			Date of F		
	Mailing Address 1350 W SOUTHPORT BOX 130	ROAD		Amount		
	City INDIANAPOLIS	State	Zip Code 46217	Transact	6561.90	
	Purpose of Expenditure Leads / Phone Lists(Estimate)		Category/ Type 004		Disbursement or Obligation	
	Name of Federal Candidate Collins, Susan, , ,		Support Oppose	Office Sought:	House District:	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	128518.36	Disbursement F 2026 Othe	or: ✗ Primary General r (specify) ▶	
	Full Name of Payee Cloud Data Services			Date of I		
	Mailing Address 1350 W SOUTHPOF BOX 130	RT ROAD		Amount		
	City INDIANAPOLIS Purpose of Expenditure	State IN	Zip Code 46217		6561.90 on ID : SE-S414883 Disbursement or Obligation	
	Leads / Phone Lists(Estimate)		Category/ Type 004	M =	M / D D / Y Y Y Y	
	Name of Federal Candidate Carbajal, Salud, , ,		SupportOppose	Office Sought:	House     District:     24       Senate     State:     CA	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	128518.22	Disbursement F 2022 Othe	or:	
1	(a) SUBTOTAL of Itemized Independent Expenditures					
	<ul> <li>(b) SUBTOTAL of Uniternized Independent Expenditures</li> <li>(c) TOTAL Independent Expenditures</li> </ul>					
`	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.					
	Piaro, Robert, , , Signature	[Electron	<i>ically Filed]</i> Date		26 <sup>7</sup> 2021	

# Image# 202108269466564386 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Schedule E) PAGE 2 OF 6 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) ASSOCIATION FOR EMERGENCY RESPONDERS AND						
F	C00622472					
Ch	eck if 24-hour report 🗶 48-hour report 🗶 New report 🗌 Amends report filed	D = D / Y = Y = Y = Y				
	Full Name of Payee EYP Consultants LLC	Date of Public	C Distribution/Dissemination			
	Mailing Address 2949 NW 120th Way	08 Amount	26 2021			
	CityStateZip CodeSunriseFL33323		820.24 ID : SE-S414885 ursement or Obligation			
	Purpose of Expenditure PAYMENT PROCESSING(Estimate) Category/ Type 004					
	Name of Federal Candidate Support Office	e Sought:	House District:			
	Collins, Susan, , , Oppose	President	Senate State: ME			
	Calendar Year-To-Date Disbu Per Election for Office Sought 128518.36	ursement For:	X Primary General     General			
	Full Name of Payee		c Distribution/Dissemination			
	EYP Consultants LLC	08	26 <u>2021</u>			
	Mailing Address 2949 NW 120th Way	Amount				
	City State Zip Code		820.24			
	Sunrise FL 33323		D: SE-S414887 ursement or Obligation			
	Purpose of Expenditure PAYMENT PROCESSING(Estimate) Category/ Type 004	M M				
	Name of Federal Candidate Support Offic	e Sought:	K House District: 24			
	Carbajal, Salud, , ,	President	Senate State: CA			
	Calendar Year-To-Date Per Election for Office Sought	ursement For:	✔   Primary   General     becify)   ▶			
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures	1 1 1				
,	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.					
		08 / D D 26	2021			
	Signature					

# Image# 202108269466564387 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)		TORES			PAGE 3 OF FOR SE OF FORM 24	6 /48
NAME OF COMMITTEE (In Full) ASSOCIATION FOR EMERGENCY RESPONDERS AND					ER 🔻		
FIREFIGHTERS     C C00622472       Check if     24-hour report       X     New report       Amends report filed on					Y Y		
					-		_
	Full Name of Payee LAV Services LLC				of Public	Distribution/Dissemina	Y Y
	Mailing Address 3468 Ruth Dr			Amou	nt		
	City	State	Zip Code			1640.4	48
	Las Vegas	NV	89121			D: SE-S414889 insement or Obligation	
	Purpose of Expenditure Phonebank Payroll Services(Estimate)		Category/ Type 004		M	D D / Y Y	Y Y
	Name of Federal Candidate		X Support	Office Sough	it:	House District:	
	Collins, Susan, , ,		Oppose	Preside	ent		ME
	Calendar Year-To-Date Per Election for Office Sought		128518.36	Disbursemen 2026			eneral
	Full Name of Payee			Date	of Publi	c Distribution/Dissemina	ation
	LAV Services LLC			T.	08	26 / Y Y 26 202	
	Mailing Address 3468 Ruth Dr			Amou	int		
	City	State	Zip Code			1640.	48
	Las Vegas	NV	89121			D: SE-S414891 Irsement or Obligation	
	Purpose of Expenditure Phonebank Payroll Services(Estimate)		Category/ Type 004		/ M		Y Y
	Name of Federal Candidate		X Support	Office Sough	nt:	K House District:	24
	Carbajal, Salud, , ,		Oppose	Preside			CA
	Calendar Year-To-Date Per Election for Office Sought		128518.22	Disbursemer 2022		✓ Primary G	eneral
	(a) SUBTOTAL of Itemized Independent Ex	penditures				3280.9	6
		- 11					
(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures			•••	-7-		
	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.						
	Piaro, Robert, , ,	[Electron	<i>ically Filed]</i> Date	e 08	26	/ Y Y Y Y Y 2021	
	Signature						

# Image# 202108269466564388 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)					
NAME OF COMMITTEE (In Full) ASSOCIATION FOR EMERGENCY RESPONDERS AND FIREFIGHTERS					
Check if 24-hour report X 48-hour report New report Amends report filed on	D = D / Y = Y = Y = Y				
Full Name of Payee Date of Public Ridge Innovative	C Distribution/Dissemination				
Mailing Address 2124 Union ave.					
	1184.79 D : SE-S414893 ursement or Obligation				
Purpose of Expenditure     Category/     004       Phonebank Long Distance(Estimate)     Type     004					
Name of Federal Candidate     X     Support     Office Sought:       Collins, Susan, , ,     Oppose     President     X	House District:				
Calendar Year-To-Date     Disbursement For:       Per Election for Office Sought     128518.36	Primary General				
Ridge Innovative	c Distribution/Dissemination				
Mailing Address 2124 Union ave. Amount					
	1184.79 D : SE-S414895 ursement or Obligation				
Purpose of Expenditure     Category/       Phonebank Long Distance(Estimate)     004					
Name of Federal Candidate       X       Support       Office Sought:       X         Carbajal, Salud, , ,       Oppose       President	House     District:     24       Senate     State:     CA				
Calendar Year-To-Date Per Election for Office Sought 128518.22 Disbursement For: 2022 Other (sp	✗   Primary   General     Decify) ►				
(a) SUBTOTAL of Itemized Independent Expenditures	2369.58				
(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.					
Piaro, Robert, , ,     [Electronically Filed]     Date     Mon     26       Signature     08     1     26	/ 2021				

# Image# 202108269466564389 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Schedule E)					
NAME OF COMMITTEE (In Full) ASSOCIATION FOR EMERGENCY RESPONDERS AND						
FIREFIGHTERS C coo					2	
Ch	eck if 24-hour report X 48-hour report X New report	Amends repor		M / D D	/ Y Y Y Y	
	Full Name of Payee Standard Data Services LLC		M	Public Distributio	on/Dissemination	
	Mailing Address 513 Mill Ave SE Suite 206		Amoun		2021	
	City State Zip C	<b>Sode</b>			2460.71	
	New Philadelphia OH 4466			ction ID : SE-S41 Disbursement or	4877	
	Purpose of Expenditure Caging and Database Services(Estimate)	egory/ Type 004		M / D D	/ Y Y Y Y	
	Name of Federal Candidate	<b>x</b> Support	Office Sought:	House	District:	
	Collins, Susan, , ,	Oppose	Presider	nt 🗴 Senate	State: ME	
	Calendar Year-To-Date Per Election for Office Sought	518.36	Disbursement 2026 Oth	For: ✗ Prima	Iry General	
	Full Name of Payee			f Public Distributio	on/Dissemination	
	Standard Data Services LLC		M	D8 / D D 26	/ Y Y Y Y 2021	
	Mailing Address 513 Mill Ave SE		Amoun			
	Suite 206					
	CityStateZip (New PhiladelphiaOH446			tion ID : SE-S414		
	Purpose of Expenditure Caging and Database Services(Estimate)	egory/ Type 004	_	f Disbursement o	r Obligation	
	Name of Federal Candidate	X Support	Office Sought	House	District: 24	
	Carbajal, Salud, , ,	Oppose	Preside		State: CA	
	Calendar Year-To-Date Per Election for Office Sought	518.22	Disbursement 2022	For: ✗ Prima	ary General	
	(a) SUBTOTAL of Itemized Independent Expenditures		•		4921.42	
	(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.					
	Piaro, Robert, , , [Electronically	Filed] Date	M M / 08		021	
	Signature					

# Image# 202108269466564390 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)	PAGE 6 OF 6 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) ASSOCIATION FOR EMERGENCY RESPONDERS AND					
F	IREFIGHTERS	C C00622472			
Ch	neck if 24-hour report X 48-hour report New report Amends report filed				
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Wired4Data	08 26 Y Y Y Y Y Y			
	Mailing Address 55 Lake Havasu Ave South	Amount			
	F-677 City State Zip Code	3736.64			
	Lake Havasu City AZ 86403	Transaction ID : SE-S414897 Date of Disbursement or Obligation			
	Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(Estimate) Category/ Type 004				
	Name of Federal Candidate Support Offic	e Sought: House District:			
	Collins, Susan, , , Oppose	President X Senate State: ME			
	Calendar Year-To-Date Disb Per Election for Office Sought 128518.36	ursement For:			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Wired4Data	08 / D D / Y Y Y Y 08 26 2021			
	Mailing Address 55 Lake Havasu Ave South	Amount			
	F-677				
	CityStateZip CodeLake Havasu CityAZ86403	3736.64 Transaction ID : SE-S414899 Date of Disbursement or Obligation			
	Purpose of Expenditure         Category/           PHONEBANK IT/TECH SUPPORT(Estimate)         004				
		e Sought: 🗶 House District:24			
	Carbajal, Salud, , , Oppose	President Senate State: CA			
	Calendar Year-To-Date Per Election for Office Sought	ursement For:  ✔ Primary			
	(a) SUBTOTAL of Itemized Independent Expenditures	7473.28			
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	32809.52			
	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.				
		08 26 2021			
	Signature				