

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

PAGE 1 OF 4
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
Sun Mountain Media Services, LLC

Date
MM / DD / YYYY
10 / 27 / 2012

Mailing Address 2500 Wilson Blvd.
Suite 250

Amount
11600.00

City State Zip Code
Arlington VA 22201

Transaction ID : D22909

Purpose of Expenditure
TV Advertising Production

Category/
Type 004

Office Sought: House State: WI
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TOMMY G THOMPSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 40747.00

Disbursement For: Primary General
2012 Other (specify)

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

Date
MM / DD / YYYY
10 / 26 / 2012

Mailing Address 2009 North 14th Street
Suite 407

Amount
38643.00

City State Zip Code
Arlington VA 22201

Transaction ID : D22903

Purpose of Expenditure
Online Advertising Buy

Category/
Type 004

Office Sought: House State:
 Senate District:
 President

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

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 558490.51

Disbursement For: Primary General
2012 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 50243.00

(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 MM / DD / YYYY
10 / 27 / 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 Tricom Associates	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 27 / 2012 </div>
Mailing Address 2009 North 14th Street Suite 407	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19147.00</div>
City State Zip Code Arlington VA 22201	
Purpose of Expenditure TV Advertising Buy	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">40747.00</div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D22908

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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;">19147.00</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;">79390.00</div>

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

Signature _____ [Electronically Filed] Date 10 / 27 / 2012