

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
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

Financial Innovations

Date

MM / DD / YYYY

Mailing Address One Weingeroff Boulevard

Amount

1042.84

City

Cranston

State

RI

Zip Code

02910

Transaction ID : D22920

Purpose of Expenditure
Yard SignsCategory/
Type

006

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought

1042.84

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

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

Financial Innovations

Date

MM / DD / YYYY

Mailing Address One Weingeroff Boulevard

Amount

2515.88

City

Cranston

State

RI

Zip Code

02910

Transaction ID : D22921

Purpose of Expenditure
Yard SignsCategory/
Type

006

Office Sought:

☐ House

State: WI

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

TAMMY BALDWIN

Calendar Year-To-Date Per Election
for Office Sought

2515.88

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

3558.72

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

3558.72

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

MM / DD / YYYY