24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (5

Schedule E)	101120	PAGE 1 OF 6 FOR SE OF FORM 24/48
ASSOCIATION FOR EMERGENCY RESPONDERS AND		FEC IDENTIFICATION NUMBER ▼
FIREFIGHTERS		G SOULE III
Check if 24-hour report		
Full Name of Payee Cloud Data Services		Date of Public Distribution/Dissemination
		07 15 / Y Y Y Y
Mailing Address 1350 W SOUTHPORT ROAD BOX 130		Amount
	Zip Code	10022.63
INDIANAPOLIS IN	46217	Transaction ID : SE-S236932 Date of Disbursement or Obligation
Purpose of Expenditure Leads / Phone Lists(Estimate)	Category/ Type 004	Mam / Dab / Yayayay
Name of Federal Candidate	X Support	Office Sought: House District:
Collins, Susan, , ,	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	43166.50	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee		Date of Public Distribution/Dissemination
Cloud Data Services		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1350 W SOUTHPORT ROAD		Amount
BOX 130		
City State INDIANAPOLIS IN	Zip Code 46217	10022.63 Transaction ID : SE-S236934 Date of Disbursement or Obligation
Purpose of Expenditure Leads / Phone Lists(Estimate)	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate	✗ Support	Office Sought: House District: 24
Carbajal, Salud, , ,	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	43166.43	Disbursement For: ✓ Primary General 2022 Other (specify)
		Grief (speerly) /
(a) SUBTOTAL of Itemized Independent Expenditures		20045.26
(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, , ,	ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	07 15 2021

Piaro, Robert, , ,

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ ASSOCIATION FOR EMERGENCY RESPONDERS AND C00622472 **FIREFIGHTERS** 24-hour report ¥ 48-hour report Amends report filed on Check if X New report Full Name of Payee Date of Public Distribution/Dissemination **EYP Consultants LLC** 2021 07 15 Mailing Address 2949 NW 120th Way Amount State Zip Code City 1252.84 Transaction ID : SE-S236936 FL 33323 Sunrise Date of Disbursement or Obligation Purpose of Expenditure Category/ PAYMENT PROCESSING(Estimate) 004 Type Name of Federal Candidate **✗** Support Office Sought: House District: Collins, Susan, , , ME **x** Senate Oppose President State: Disbursement For: **X** Primary General Calendar Year-To-Date 43166.50 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination EYP Consultants LLC 15 2021 Mailing Address 2949 NW 120th Way Amount City State Zip Code 1252.83 FL Transaction ID: SE-S236938 33323 Sunrise Date of Disbursement or Obligation Purpose of Expenditure Category/ PAYMENT PROCESSING(Estimate) 004 Type Name of Federal Candidate 24 **✗** Support Office Sought: **✗** House District: Carbajal, Salud, , , CA Oppose President Senate State: **x** Primary Disbursement For: Calendar Year-To-Date General 2022 43166.43 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 2505.67 (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.

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

PAGE OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ ASSOCIATION FOR EMERGENCY RESPONDERS AND C00622472 **FIREFIGHTERS** 24-hour report ¥ 48-hour report Amends report filed on Check if X New report Full Name of Payee Date of Public Distribution/Dissemination LAV Services LLC 2021 07 15 Mailing Address 3468 Ruth Dr Amount State Zip Code City 2505.66 Transaction ID : SE-S236940 NV89121 Las Vegas Date of Disbursement or Obligation Purpose of Expenditure Category/ Phonebank Payroll Services(Estimate) 004 Type Name of Federal Candidate **✗** Support Office Sought: House District: Collins, Susan, , , ME **x** Senate Oppose President State: Disbursement For: **X** Primary General Calendar Year-To-Date 43166.50 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination LAV Services LLC 15 2021 Mailing Address 3468 Ruth Dr Amount City State Zip Code 2505.65 NV Transaction ID: SE-S236942 89121 Las Vegas Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Phonebank Payroll Services(Estimate) Type Name of Federal Candidate 24 **✗** Support Office Sought: **✗** House District: Carbajal, Salud, , , CA Oppose President Senate State: **x** Primary Disbursement For: Calendar Year-To-Date General 2022 43166.43 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 5011.31 (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] 07 15 2021 Date Signature

Piaro, Robert, , ,

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES **PAGE** OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ ASSOCIATION FOR EMERGENCY RESPONDERS AND C00622472 **FIREFIGHTERS** 24-hour report ¥ 48-hour report Amends report filed on Check if X New report Full Name of Payee Date of Public Distribution/Dissemination Ridge Innovative 2021 07 15 Mailing Address 2124 Union ave. Amount State Zip Code City 1809.65 Transaction ID: SE-S236944 CA 92627 Costa Mesa Date of Disbursement or Obligation Purpose of Expenditure Category/ Phonebank Long Distance(Estimate) 004 Type Name of Federal Candidate X Support Office Sought: House District: Collins, Susan, , , ME **x** Senate Oppose President State: Disbursement For: X Primary General Calendar Year-To-Date 43166.50 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Ridge Innovative 15 2021 Mailing Address 2124 Union ave. Amount City State Zip Code 1809.64 CA Transaction ID: SE-S236946 Costa Mesa 92627 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Phonebank Long Distance(Estimate) Type Name of Federal Candidate 24 **✗** Support Office Sought: **✗** House District: Carbajal, Salud, , , CA Oppose President Senate State: **x** Primary Disbursement For: Calendar Year-To-Date General 2022 43166.43 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 3619.29 (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.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

PAGE OF 5 (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ ASSOCIATION FOR EMERGENCY RESPONDERS AND C00622472 **FIREFIGHTERS** 24-hour report **✗** 48-hour report Amends report filed on Check if X New report Full Name of Payee Date of Public Distribution/Dissemination Standard Data Services LLC 2021 07 15 Mailing Address 513 Mill Ave SE Amount Suite 206 State Zip Code City 3758.49 OH 44663 Transaction ID: SE-S236928 New Philadelphia Date of Disbursement or Obligation Purpose of Expenditure Category/ Caging and Database Services(Estimate) 004 Type Name of Federal Candidate **✗** Support Office Sought: House District: Collins, Susan, , , ME **x** Senate Oppose President State: Disbursement For: **X** Primary General Calendar Year-To-Date 43166.50 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Standard Data Services LLC 15 2021 Mailing Address 513 Mill Ave SE Amount Suite 206 City State Zip Code 3758.49 ОН Transaction ID: SE-S236930 New Philadelphia 44663 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Caging and Database Services(Estimate) Type Name of Federal Candidate 24 **✗** Support Office Sought: **✗** House District: Carbajal, Salud, , , CA Oppose President Senate State: **x** Primary Disbursement For: Calendar Year-To-Date General 2022 43166.43 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 7516.98 (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] 07 15 2021 Date Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE OF 6 (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ ASSOCIATION FOR EMERGENCY RESPONDERS AND C00622472 **FIREFIGHTERS** 24-hour report **✗** 48-hour report Amends report filed on Check if X New report Full Name of Payee Date of Public Distribution/Dissemination Wired4Data 2021 07 15 Mailing Address 55 Lake Havasu Ave South Amount F-677 State Zip Code City 5707.34 Transaction ID : SE-S236948 ΑZ 86403 Lake Havasu City Date of Disbursement or Obligation Purpose of Expenditure Category/ PHONEBANK IT/TECH SUPPORT(Estimate) 004 Type Name of Federal Candidate **✗** Support Office Sought: House District: Collins, Susan, , , ME **x** Senate Oppose President State: Disbursement For: **X** Primary General Calendar Year-To-Date 43166.50 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Wired4Data 15 2021 Mailing Address 55 Lake Havasu Ave South Amount F-677 City State Zip Code 5707.33 ΑZ Transaction ID: SE-S236950 86403 Lake Havasu City Date of Disbursement or Obligation Purpose of Expenditure Category/ PHONEBANK IT/TECH SUPPORT(Estimate) 004 Type Name of Federal Candidate 24 **✗** Support Office Sought: **✗** House District: Carbajal, Salud, , , CA Oppose President Senate State: **x** Primary Disbursement For: Calendar Year-To-Date General 2022 43166.43 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 11414.67 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 50113.18 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] 07 15 2021 Date Signature