

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<table border="1" style="width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 17 / 2020</td></tr></table>	MM / DD / YYYY	10 / 17 / 2020
MM / DD / YYYY				
10 / 17 / 2020				

Full Name of Payee Tricom Associates		Date of Public Distribution/Dissemination <table border="1" style="width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 17 / 2020</td></tr></table>	MM / DD / YYYY	10 / 17 / 2020
MM / DD / YYYY				
10 / 17 / 2020				
Mailing Address 1750 New York Avenue		Amount <table border="1" style="width:100%"><tr><td>60000.00</td></tr></table>	60000.00	
60000.00				
City Washington State DC Zip Code 20006	Transaction ID : D44247			
Purpose of Expenditure Estimated Cost: Digital Advertising	Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 17 / 2020</td></tr></table>	MM / DD / YYYY	10 / 17 / 2020
MM / DD / YYYY				
10 / 17 / 2020				
Name of Federal Candidate BIDEN, JOSEPH R, , JR	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought	<table border="1" style="width:100%"><tr><td>92957.32</td></tr></table>	92957.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
92957.32				

Full Name of Payee Financial Innovations		Date of Public Distribution/Dissemination <table border="1" style="width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 16 / 2020</td></tr></table>	MM / DD / YYYY	10 / 16 / 2020
MM / DD / YYYY				
10 / 16 / 2020				
Mailing Address One Weingeroff Boulevard		Amount <table border="1" style="width:100%"><tr><td>2773.25</td></tr></table>	2773.25	
2773.25				
City Cranston State RI Zip Code 02910	Transaction ID : D45679			
Purpose of Expenditure Yard Signs	Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 16 / 2020</td></tr></table>	MM / DD / YYYY	10 / 16 / 2020
MM / DD / YYYY				
10 / 16 / 2020				
Name of Federal Candidate BIDEN, JOSEPH R, , JR	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought	<table border="1" style="width:100%"><tr><td>92957.32</td></tr></table>	92957.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
92957.32				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td>62773.25</td></tr></table>	62773.25
62773.25		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width:100%"><tr><td> </td></tr></table>	
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td> </td></tr></table>	

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.

Lima, Frank, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 20 / 2021

Signature

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

 PAGE 2 OF 2
 FOR SE OF FORM 24/48

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; display: inline-block;"> C C00029447 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 17 / 2020</div> </div>

Full Name of Payee E-18 Media <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 17 / 2020</div> </div>	
Mailing Address 1750 New York Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 3600.00 </div>	
City State Zip Code Washington DC 20006	Transaction ID : D44248 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 17 / 2020</div> </div>		
Purpose of Expenditure Estimated Cost: Digital Advertising Production	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BIDEN, JOSEPH R, , JR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">92957.32</div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	
City State Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Purpose of Expenditure	Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ 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; display: flex; justify-content: space-between;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 62773.25 </div>

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