

# 24/48 HOUR NOTICE 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  24-hour report  48-hour report  New report  Amends report filed on

MM / DD / YYYY

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

Date  
MM / DD / YYYY  
10 / 25 / 2012

Mailing Address 2009 North 14th Street  
Suite 407

Amount  
20000.00

City State Zip Code  
Arlington VA 22201

Transaction ID : D22900

Purpose of Expenditure  
Mobile Phone Advertising

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 519847.51

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

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

Date  
MM / DD / YYYY  
10 / 25 / 2012

Mailing Address 2009 North 14th Street  
Suite 407

Amount  
36500.00

City State Zip Code  
Arlington VA 22201

Transaction ID : D22901

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 519847.51

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶ 56500.00

(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 / 25 / 2012

Signature

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

NAME OF COMMITTEE (In Full) <b>INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED          IN REGISTRATION AND EDUCATION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Financial Innovations</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">10 / 25 / 2012</div>
Mailing Address One Weingeroff Boulevard		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">422.82</div>
City Cranston	State RI    Zip Code 02910	
Purpose of Expenditure Yard Signs	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">519847.51</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**Transaction ID : D22902**

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;"></div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>
City	State    Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <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>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">422.82</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">56922.82</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 MM / DD / YYYY  
10 25 2012