24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)	PAGE 1 OF 6 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full) ASSOCIATION FOR EMERGENCY RESPONDERS AND	FEC IDENTIFICATION NUMBER ▼			
FIREFIGHTERS	C C00622472			
	M = M / D = D / Y = Y = Y			
Check if 24-hour report 48-hour report New report Amends report filed	I on			
Full Name of Payee Cloud Data Services	Date of Public Distribution/Dissemination			
	07 22 2021			
Mailing Address 1350 W SOUTHPORT ROAD	Amount			
BOX 130 City State Zip Code	11815.56			
INDIANAPOLIS IN 46217	Transaction ID : SE-S276869			
Purpose of Expenditure Leads / Phone Lists(Estimate) Category/ Type 004	Date of Disbursement or Obligation			
Name of Federal Candidate X Support Office	e Sought: House District:			
Collins, Susan, , , Oppose	President X Senate State: ME			
Calendar Year-To-Date Per Election for Office Sought Disbrace 72705.41 Disbrace 2026	ursement For: ✓ Primary General Other (specify) ✓			
Full Name of Payee	Date of Public Distribution/Dissemination			
Cloud Data Services	07 / 22 / 2021			
Mailing Address 1350 W SOUTHPORT ROAD				
BOX 130	Amount			
City State Zip Code INDIANAPOLIS IN 46217	11815.56 Transaction ID : SE-S276871 Date of Disbursement or Obligation			
Purpose of Expenditure Leads / Phone Lists(Estimate) Category/ Type 004	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Offic	e Sought: 🗶 House District: 24			
Carbajal, Salud, , ,	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disb 2022	ursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	23631.12			
(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.				
Buto	07 22 / Y Y Y Y Y Y Y			
Signature				

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

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 22 Mailing Address 2949 NW 120th Way Amount State Zip Code City 1476.95 FL 33323 Transaction ID: SE-S276873 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 72705.41 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination EYP Consultants LLC 22 2021 Mailing Address 2949 NW 120th Way Amount 1476.94 City State Zip Code FL Transaction ID: SE-S276875 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 72705.32 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 2953.89 (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 22 2021 Date Signature

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 22 Mailing Address 3468 Ruth Dr Amount State Zip Code City 2953.89 NV89121 Transaction ID : SE-S276877 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: **x** Primary Disbursement For: General Calendar Year-To-Date 72705.41 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination LAV Services LLC 22 2021 Mailing Address 3468 Ruth Dr Amount City State Zip Code 2953.89 NV Transaction ID: SE-S276879 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 72705.32 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 5907.78 (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 22 2021 Date Signature

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 Ridge Innovative 2021 07 22 Mailing Address 2124 Union ave. Amount State Zip Code City 2133.36 Transaction ID: SE-S276881 CA 92627 Costa Mesa Date of Disbursement or Obligation Purpose of Expenditure Category/ Phonebank Long Distance(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 72705.41 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Ridge Innovative 22 2021 Mailing Address 2124 Union ave. Amount City State Zip Code 2133.36 CA Transaction ID: SE-S276883 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 72705.32 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 4266.72 (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 22 2021 Date Signature

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 22 Mailing Address 513 Mill Ave SE Amount Suite 206 State Zip Code City 4430.84 Transaction ID: SE-S276865 OH 44663 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 72705.41 2026 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Standard Data Services LLC 22 2021 Mailing Address 513 Mill Ave SE Amount Suite 206 City State Zip Code 4430.84 ОН Transaction ID: SE-S276867 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 72705.32 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 8861.68 (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 22 2021 Date Signature

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

PAGE	6	OF	6
FOR SE	OF	FORM	24/48

				FOR SE OF FORIVI 24/46
NAME OF COMMITTEE (In Full) ASSOCIATION FOR EMERGENCY F	RESPONDE	RS AND		FEC IDENTIFICATION NUMBER ▼
FIREFIGHTERS				C C00622472
Check if 24-hour report 🗶 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Wired4Data			Date	of Public Distribution/Dissemination
			[07 22 2021
Mailing Address 55 Lake Havasu Ave South F-677			Amo	unt
City	State	Zip Code	<u> </u>	6728.31
Lake Havasu City	AZ	86403		saction ID : SE-S276885 of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(Estimate)		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate		✗ Support	Office Soug	ht: House District:
Collins, Susan, , ,		Oppose	Presid	NAE NAE
Calendar Year-To-Date Per Election for Office Sought		72705.41	Disburseme	
	, ,			Other (specify)
Full Name of Payee Wired4Data			Date	of Public Distribution/Dissemination
Mailing Address 55 Lake Havasu Ave South			l	07 22 2021
55 Lake Havasu Ave South F-677			Amo	unt
City	State	Zip Code		6728.30
Lake Havasu City	AZ	86403		action ID : SE-S276887 of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(Estimate)		Category/ Type 004		M M
Name of Federal Candidate		✗ Support	Office Soug	ht: 🗶 House District: 24
Carbajal, Salud, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		72705.32	Disburseme 2022	
101	1 1			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditure	es			13456.61
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· [4 4
(c) TOTAL Independent Expenditures			•	59077.80
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
Piaro, Robert, , ,	[Electron	ically Filed] Date	M M /	22 2021
Signature	LDICCHOR	Date	07	22 2021