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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name International Association of Fire Fighters			
2. Address <input type="checkbox"/> Check if different than previously reported 1750 New York Avenue, NW, Washington, DC 20006			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name BARRY KASINITZ	Telephone 202-824-1581	E-mail (optional)	5. Senate ID # 19753-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 30459000

TYPE OF REPORT 8. Year _____ Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report → Termination Date: _____

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p style="text-align: center;">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p style="text-align: center;">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ 50,000 <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature: *Kevin Bolman*

Printed Name and Title: Assistant to the General President

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code LBR (one per page)

16. Specific lobbying issues

NATIONAL COLLECTIVE BARGAINING FOR FIRE FIGHTERS
FIRE BILL
FEDERAL FIRE FIGHTING

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE
SENATE
DOL

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
KEVIN O'CONNOR		<input type="checkbox"/>
BARRY KASINITZ		<input type="checkbox"/>
HANK RIM		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code FIN (one per page)

16. Specific lobbying issues

PENSION

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE

SENATE

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
BARRY KASINITZ		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code ICR (one per page)

16. Specific lobbying issues

FRUDENT LAYPERSON STANDARD

PATIENT'S BILL OF RIGHTS

AMBULANCE REIMBURSEMENT

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE

SENATE

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
BARRY KASINITZ		<input type="checkbox"/>
HANK KIM		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HOUSING (one per page)

16. Specific lobbying issues

H.R. 1776

FIRE FIGHTERS NEXT DOOR PROGRAM

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE

SENATE

HUD

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
BARRY KASINITZ		<input type="checkbox"/>
HANK KIM		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code AVI (one per page)

16. Specific lobbying issues

AIRPORT SAFETY

17. House(s) of Congress and Federal agencies contacted Check if None

FAA

NTSB

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
BARRY KASINITZ		<input type="checkbox"/>
HANK KIM		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name _____ Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

FREDERICK NESSBITT

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature Ken Bohann Date _____

Printed Name and Title Assistant to the General President

Form LD-2 (Rev. 6/98)

Page _____ of _____