SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	7	74	OF		104
(check only one)											
>	X	11a		11b		11c		12			
		13		14		15		16			17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ha,John,J.,, Date of Receipt Mailing Address 755 Bluebird Dr 2018 01 City State Zip Code C27118423 CA Vacaville 956877266 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fire Fighters Local 1186 Fire Dept. Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bickman, Charles,,, Date of Receipt Mailing Address 14491 77th PIN 01 2018 City State Zip Code C27118362 Loxahatchee FL 334704424 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Broward County Fire Dept. Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 0.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Iversen, Randy,,, Date of Receipt Mailing Address 4246 Shanna St 01 2018 City State Zip Code C27118200 NE Grand Island 688032901 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Grand Island Fire Dept. Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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