SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	7	71	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 Bartelloni, Paul, S.,, Date of Receipt Mailing Address 329 Bernard Dr 2018 01 City Zip Code State C27119204 NJ Morganville 077512217 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) Newark Fire Officers 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. Livingston, Robert, J., Date of Receipt Mailing Address 4651 Chatham St SE 01 2018 City State Zip Code C27119043 OR Salem 973022199 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Salem 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.** Feyh, Michael, ... Date of Receipt Mailing Address PO Box 362 01 2018 City State Zip Code C27118707 CA **Browns Valley** 959180362 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) Sacramento Fire Dept. Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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