

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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

A. Wright,Louie,A.,,

Mailing Address 2304 NE 35th Ct

City  
Kansas City

State  
MO

Zip Code  
641162878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kansas City Fire Dept.

Occupation (for Individual)  
Fire Fighter / EMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2018

C27116885

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilding,Steve,,,

Mailing Address 10430 S Justin Dr

City  
Oak Creek

State  
WI

Zip Code  
531546534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oak Creek Fire Dept.

Occupation (for Individual)  
Fire Fighter / EMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2018

C27116849

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sweeney,Laurita,L.,,

Mailing Address 1100 Kasper Dr

City  
Orlando

State  
FL

Zip Code  
328061849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Orange County Fire Fighters Associatio

Occupation (for Individual)  
Fire Fighter / EMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2018

C27116838

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶