

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 OF 104

(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. Keough, Kenneth, ,,

Mailing Address 14 W Gate Rd

City  
Farmington

State  
CT

Zip Code  
060322002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New Britain Fire Dept.

Occupation (for Individual)  
Fire Fighter / EMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY  
01 / 06 / 2018

C27117024

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Long, John, H., III

Mailing Address 12669 Hood Landing Rd

City  
Jacksonville

State  
FL

Zip Code  
322582042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jacksonville Association Of Fire Fight

Occupation (for Individual)  
Fire Fighter / EMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY  
01 / 02 / 2018

C27116976

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. Cooper, Douglas, ,,

Mailing Address 1300 Water Willow Dr Apt E

City  
Deland

State  
FL

Zip Code  
327207536

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

MM / DD / YYYY  
01 / 09 / 2018

C27116945

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00