SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

| FOR LINE NUMBER: | | : PAGE | E 78 OF | 102 |
|------------------|-----|--------|---------|-----|
| (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 Ross, Thomas,,, Date of Receipt Mailing Address 53 Irving St 2018 01 City Zip Code State C27117505 MA Medford 021552210 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fire Fighter / EMS Somerville Fire Dept. 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. Schulte, Matthew,,, Date of Receipt Mailing Address 347 Quail Run Ct 01 2018 City State Zip Code C27117485 KS Andover 670029093 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) Wichita 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.** Fatjo, Arcturus, L., Date of Receipt Mailing Address 2221 NW 94th Ave 01 2018 City State Zip Code C27117455 FL Pembroke Pines 330243143 Amount of Each Receipt this Period FEC ID number of contributing C 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 0.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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