

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 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. Kotschi, Lucas, , ,

Mailing Address 18760 W Observatory Rd

City
New Berlin

State
WI

Zip Code
531463115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caledonia 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 / 04 / 2018

C27137736

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. Goforth, W. Richard, , ,

Mailing Address 762 Basswood Dr

City
Springfield

State
OH

Zip Code
455044106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Springfield 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 / 08 / 2018

C27137463

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. Kidder, Aaron, , ,

Mailing Address 21972 Spring Valley Dr

City
Lexington Park

State
MD

Zip Code
206532916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Professional Fire Fighters, Paramedics

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 / 21 / 2018

C27137179

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)..... ►

2000.00