## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FC	FOR LINE NUMBER:						2	28	OF		102	
(c	(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 Harrah, James,,, Date of Receipt Mailing Address 2792 E Quinn Ave 2018 01 City Zip Code State C27130270 IN 478059525 Terre Haute 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) Fire Fighter / EMS Terre Haute 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. Harris, Henry,,, Date of Receipt Mailing Address 38 Henry St 01 2018 City State Zip Code C27130206 IN Franklin 461312506 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) Indianapolis 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.** Brown, Elizabeth, , , Date of Receipt Mailing Address 609 S Gran Ave Apt 903 01 2018 City State Zip Code C27130176 CA Los Angeles 90017 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) Cal Fire Local 2881 Fire Dept. Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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