SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	= (97	OF	104
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

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

Scrol,Christopher,,,	Date of Receipt						
Mailing Address 3707 Tennessee Dr			01 11 2018				
City	State	Zip Code	C27138607				
Rockford	IL	611086119	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
Rockford Fire Dept.	Fire F	ighter / EMS	_				
Receipt For:	Aggregate Y	ear-to-Date ▼					
Primary General Other (specify) ▼	33.73	0.00					
Full Name of Individual (Last, First, Middle Schoville, Wayne,,,	Initial) or Full Org	anization Name	Date of Receipt				
Mailing Address 6608 Saladino Dr	I-		01 10 2018				
City	State	Zip Code	C27138606				
Roscoe	IL	610739258	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		475.00				
Name of Employer (for Individual) Rockford Fire Dept.		oation (for Individual) Fighter / EMS	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼					
Full Name of Individual (Last, First, Middle Moffit, Michael,,,	Initial) or Full Org	anization Name	Date of Receipt				
Mailing Address 1860 Benton PI		_	01 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	C27138594				
Lexington	KY	405051676	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Lexington Fire Dept.		ation (for Individual) ighter / EMS	Memo Item				
Receipt For:	Aggregate Y	ear-to-Date ▼					
Primary General Other (specify)		0.00					
SUBTOTAL of Receipts This Page (optional))		1475.00				
TOTAL This Period (last page this line number	per only)	·····	141933.85				