SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	. 6	37	OF	•	102
(check only one)										
×	11a	1	1b		11c		12			
	13	1	4		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 Kautsky,Ron,,, Date of Receipt Mailing Address 832 N Layman Ave 2018 01 City State Zip Code C27120268 Indianapolis IN 462194420 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 Indianapolis 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. Altieri, Richard,... Date of Receipt Mailing Address 8917 Mavis Ave 01 2018 City State Zip Code C27120116 MD Nottingham 212362126 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) Baltimore 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.** Altieri, Richard, ... Date of Receipt Mailing Address 8917 Mavis Ave 01 2018 City State Zip Code C27120115 MD Nottingham 212362126 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) Baltimore 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)..... 7