

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 104

(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. Costa,Keith,,,

Mailing Address 12281 NW 29th Pl

City  
Sunrise

State  
FL

Zip Code  
333231539

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fort Lauderdale 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 / 21 / 2018

C27129341

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Piccolo,Joseph,,,

Mailing Address 6992 NW 30th Ave

City

Fort Lauderdale

State  
FL

Zip Code  
333091381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Davie Professional Fire Fighters Fire

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 / 12 / 2018

C27129288

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

C. Piccolo,Joseph,,,

Mailing Address 6992 NW 30th Ave

City

Fort Lauderdale

State  
FL

Zip Code  
333091381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Davie Professional Fire Fighters Fire

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 / 26 / 2018

C27129287

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).....▶

1062.50