

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 OF 102

(check only one)

☒ 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

A. Ha,John,J.,,

Mailing Address 755 Bluebird Dr

City
Vacaville

State
CA

Zip Code
956877266

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fire Fighters Local 1186 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 / 22 / 2018

C27118423

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Bickman,Charles,,,

Mailing Address 14491 77th PI N

City
Loxahatchee

State
FL

Zip Code
334704424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Broward County 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 / 22 / 2018

C27118362

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Iversen,Randy,,,

Mailing Address 4246 Shanna St

City
Grand Island

State
NE

Zip Code
688032901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grand Island 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 / 03 / 2018

C27118200

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00