SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	: 8	37	OF		104
(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 Lopez, Michael, J.,, Date of Receipt Mailing Address 16 Highland Cir 2018 01 City State Zip Code C27116375 CA Chico 959261416 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) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vadney, Bryan,,, Date of Receipt Mailing Address 5404 NE 24th Ct 01 2018 City State Zip Code C27116350 WA 980593738 Renton 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) Kirkland 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.** Lopez, Michael, J., Date of Receipt Mailing Address 16 Highland Cir 01 2018 City State Zip Code C27116342 CA Chico 959261416 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 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) 1010.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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