## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

C

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

FOR	FOR LINE NUMBER:					-	14	OF	102
(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 DeBay, Gabriel, Orian,, Date of Receipt Mailing Address 1124 NE Lilac St Apt 302 2018 01 City State Zip Code C27126982 WA 980297875 Issaquah Amount of Each Receipt this Period FEC ID number of contributing C 475.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Fire Fighter / EMS Shoreline 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. Paquette, Bradley,,, Date of Receipt Mailing Address 25571 SW 20th PI 01 2018 City State Zip Code C27126976 FL 326695000 Newberry 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) Gainesville Professional Fire Fighters Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 0,00 Other (specify)

		4 4					
Full Name of Individual (Last, First, Middle In Baldwin, Charles,,,  Mailing Address 4623 Benlocke Rd	Date of Receipt  01 12 2018						
City Jacksonville	State FL	Zip Code 322107403	C27126931  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	500.00						
Name of Employer (for Individual) Jacksonville Association Of Fire Fight		ation (for Individual) ghter / EMS	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)			1475.00				

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