

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 OF 102

(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. Dube, Christopher,,,

Mailing Address PO Box 959

City  
Wilder

State  
VT

Zip Code  
050880959

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hartford Career Fire Fighters Associat

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

C27118602

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. Puckett, Marty,,,

Mailing Address 8721 Prosser Way Unit 105

City  
Charlotte

State  
NC

Zip Code  
282160159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Charlotte 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 / 30 / 2018

C27118531

Amount of Each Receipt this Period

255.00

☐ Memo Item

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

C. Gullickson, Rob,,,

Mailing Address 4720 Mermont Dr

City  
Everett

State  
WA

Zip Code  
982032902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South County Union 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 / 20 / 2018

C27118479

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).....▶

1505.00