SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

ı	FOR LINE	: PAGE	70 OF	102	
(check only one)					
	X 11a	11b	11c	12	
ı	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 Faber, Walter,,, Date of Receipt Mailing Address 2904 Glenview St 2018 01 City State Zip Code C27119570 PA Philadelphia 191492501 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fire Fighter / EMS Philadelphia 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. Golden, Norman,,, Date of Receipt Mailing Address 5002 SW Hudson St 01 2018 City State Zip Code C27119528 WA Seattle 981164349 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Valley Fire Fighters 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.** Matty, Diana,,, Date of Receipt Mailing Address 466 Santa Fe Rd 01 2018 City State Zip Code C27119385 FL West Palm Beach 334063166 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) West Palm Beach Association Of Fire Fi Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

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

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