

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 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. Bartley, Christopher, Thomas,,

Mailing Address 1052 Autumn Ridge Dr

City  
Lexington

State  
KY

Zip Code  
405092021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lexington 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 / 15 / 2018

C27125851

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Coleman, Walter,,

Mailing Address 122 Dusty Rose Dr

City  
O Fallon

State  
MO

Zip Code  
633686878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Professional Fire Fighters of Eastern

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

C27125678

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Brown, David, M.,

Mailing Address 284 Duckhead Rd

City  
Lake Ozark

State  
MO

Zip Code  
650495802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lake Area Fire Fighters Association Fi

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 / 28 / 2018

C27125608

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).....▶

1750.00