

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE 103 OF 104

(check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION
PAC

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement										
A. , , , ,			<table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>07</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y Y Y	11		07		2019
M M M	/	D D D	/	Y Y Y Y Y Y Y Y									
11		07		2019									
Mailing Address			Amount of Each Disbursement this Period <table border="1"><tr><td>100.00</td></tr></table> SB20191107000000530	100.00									
100.00													
City	State	Zip Code											
Purpose of Disbursement													
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement										
B. , , , ,			<table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>07</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y Y Y	11		07		2019
M M M	/	D D D	/	Y Y Y Y Y Y Y Y									
11		07		2019									
Mailing Address			Amount of Each Disbursement this Period <table border="1"><tr><td>100.00</td></tr></table> SB20191107000000532	100.00									
100.00													
City	State	Zip Code											
Purpose of Disbursement													
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement										
C. , , , ,			<table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>07</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y Y Y	11		07		2019
M M M	/	D D D	/	Y Y Y Y Y Y Y Y									
11		07		2019									
Mailing Address			Amount of Each Disbursement this Period <table border="1"><tr><td>100.00</td></tr></table> SB20191107000000533	100.00									
100.00													
City	State	Zip Code											
Purpose of Disbursement													
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement										
D. , , , ,			<table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>07</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y Y Y	11		07		2019
M M M	/	D D D	/	Y Y Y Y Y Y Y Y									
11		07		2019									
Mailing Address			Amount of Each Disbursement this Period <table border="1"><tr><td>100.00</td></tr></table> SB20191107000000531	100.00									
100.00													
City	State	Zip Code											
Purpose of Disbursement													
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement										
E. , , , ,			<table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y Y</td></tr><tr><td>11</td><td></td><td>07</td><td></td><td>2019</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y Y Y	11		07		2019
M M M	/	D D D	/	Y Y Y Y Y Y Y Y									
11		07		2019									
Mailing Address			Amount of Each Disbursement this Period <table border="1"><tr><td>100.00</td></tr></table> SB20191107000000529	100.00									
100.00													
City	State	Zip Code											
Purpose of Disbursement													
SUBTOTAL of Disbursements This Page (optional).....			<table border="1"><tr><td>500.00</td></tr></table>	500.00									
500.00													
TOTAL This Period (last page this line number only).....			<table border="1"><tr><td></td></tr></table>										