

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE 101 OF 104

FOR LINE NUMBER:
(check only one)

☐ 1a

☒ 2

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
11 / 07 / 2019

SA20191107000000526

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

0.00

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
11 / 07 / 2019

SA20191107000000525

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

0.00

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
11 / 07 / 2019

SA20191107000000524

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
11 / 07 / 2019

SA20191107000000522

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

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

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

<p>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p>11 / 07 / 2019</p> <p>SA2019110700000523</p> <p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>Aggregate Year-to-Date</p> <p>0.00</p>
<p>B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p>11 / 07 / 2019</p> <p>SA2019110700000522</p> <p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>Aggregate Year-to-Date</p> <p>0.00</p>
<p>C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p> / / </p> <p>Amount of Each Receipt this Period</p> <p> </p> <p>Aggregate Year-to-Date</p> <p> </p>
<p>D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p> / / </p> <p>Amount of Each Receipt this Period</p> <p> </p> <p>Aggregate Year-to-Date</p> <p> </p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>	<p>200.00</p> <p>600.00</p>