SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| FOR LINE NUMBER: | | | : PAG | E 63 OF | 102 |
|------------------|--------------|-----|-------|---------|-----|
| (check only one) | | | | | |
| | X 11a | 11b | 11c | 12 | |
| | 13 | 14 | 15 | 16 | 17 |

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 Norman, William, J.,, Date of Receipt Mailing Address 8765 Overcup Oaks Dr 2018 01 City State Zip Code C27121179 TN Cordova 380180427 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fire Fighter / EMS Memphis 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. Jones, Brian, ... Date of Receipt Mailing Address 1296 Forman Dr 01 2018 City State Zip Code C27121124 WV 265088788 Morgantown Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Morgantown 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. Devaney, Patrick,... Date of Receipt Mailing Address 5 Lincoln Ct 01 2018 City State Zip Code C27121031 IL Champaign 618215615 Amount of Each Receipt this Period FEC ID number of contributing C 274.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Champaign Fire Dept. Fire Fighter / EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) 794.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....