

FEC  
FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

ADDRESS (number and street)

1750 NEW YORK AVENUE, NW



Check if different than previously reported. (ACC)

WASHINGTON

DC

20006

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00029447

3. IS THIS REPORT



NEW (N) OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

\_\_\_\_\_

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

\_\_\_\_\_

5. Covering Period

M M / 01

D D / 01

Y Y Y Y / 2018

through

M M / 01

D D / 31

Y Y Y Y / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kelly,Edward,A.,,

Signature of Treasurer

Kelly,Edward

[Electronically Filed]

Date

M M / 02

D D / 16

Y Y Y Y / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

Report Covering the Period: From:

M M / D D / Y Y Y Y  
01 01 2018

To:

M M / D D / Y Y Y Y  
01 31 2018

**COLUMN A**  
**This Period**

**COLUMN B**  
**Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2018	2534821.88
(b) Cash on Hand at Beginning of Reporting Period.....		2534821.88
(c) Total Receipts (from Line 19) .....		407805.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....		2942627.29
7. Total Disbursements (from Line 31).....		101224.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....		2841402.64
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		0.00
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		0.00



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

Report Covering the Period: From:

M M / D D / Y Y Y Y  
01 / 01 / 2018

To:

M M / D D / Y Y Y Y  
01 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	144183.85	
(ii) Unitemized .....	262663.96	
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	406847.81	
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	406847.81	406847.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	957.60	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	11000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	407805.41	407805.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	407805.41	407805.41

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3474.65	3474.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3474.65	3474.65
► 22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	750.00	0.00
► 29. Other Disbursements (Including Non-Federal Donations).....	86000.00	86000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
► 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	101224.65	101224.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101224.65	101224.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	406847.81	406847.81
34. Total Contribution Refunds (from Line 28(d)) .....	750.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	406097.81	406097.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....►	3474.65	3474.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	957.60	957.60
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....►	2517.05	2517.05

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Sutphin,Mark,,,**

Mailing Address 529 Vista Dr

City Indianapolis	State IN	Zip Code 462801044
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 14	/ Y Y Y Y Y 2018
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**C27138510**

Amount of Each Receipt this Period

475.00

Memo Item

Name of Employer (for Individual)

Hamilton County Professional Fire Figh

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Roney,Liam,,,**

Mailing Address 12512 8th Ave SW

City Seattle	State WA	Zip Code 981462862
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
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**C27138180**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Seattle Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Lancton,Patrick,,,**

Mailing Address 6126 Kuldell Dr

City Houston	State TX	Zip Code 770747540
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 11	/ Y Y Y Y Y 2018
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**C27137953**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Houston Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1725.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Kotschi,Lucas,,,**

Mailing Address 18760 W Observatory Rd

City New Berlin	State WI	Zip Code 531463115
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FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Caledonia Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 04	/	Y = Y 2018
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**C27137736**

Amount of Each Receipt this Period

750.00

Memo Item

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

**B. Goforth,W. Richard,,,**

Mailing Address 762 Basswood Dr

City Springfield	State OH	Zip Code 455044106
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FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Springfield Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 08	/	Y = Y 2018
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**C27137463**

Amount of Each Receipt this Period

750.00

Memo Item

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

**C. Kidder,Aaron,,,**

Mailing Address 21972 Spring Valley Dr

City Lexington Park	State MD	Zip Code 206532916
------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Professional Fire Fighters, Paramedics

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 21	/	Y = Y 2018
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**C27137179**

Amount of Each Receipt this Period

500.00

Memo Item

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

2000.00

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


# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Mitchell,Jesse,W.,,**

Mailing Address PO Box 8246

City Bonney Lake State WA Zip Code 983911100

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Valley Fire Fighters Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		24		2018				

**C27134435**

Amount of Each Receipt this Period

5.00

Memo Item

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

**B. Gragnani,Joseph,,,**

Mailing Address 6020 Treeridge Trl

City Saint Louis State MO Zip Code 631294724

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Saint Charles Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		01		2018				

**C27134434**

Amount of Each Receipt this Period

500.00

Memo Item

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

**C. Azzarella,Steven,,**

Mailing Address 1886 Christian Rd

City Charleston State SC Zip Code 294073042

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Charleston Fire Fighters Association F Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		15		2018				

**C27134403**

Amount of Each Receipt this Period

500.00

Memo Item

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

1005.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. McKenna,Michael,,,**

Mailing Address 355 Judson St

City Raynham	State MA	Zip Code 027671354
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Brockton Fire Fighters Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
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**C27134267**

Amount of Each Receipt this Period

**500.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Huschle,Michael,,,**

Mailing Address 12660 Hillcrest Rd Apt 9202

City Dallas	State TX	Zip Code 752302029
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FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Dallas Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
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**C27134260**

Amount of Each Receipt this Period

**475.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Haley,Christopher,,,**

Mailing Address 685 E Broadway

City Milford	State CT	Zip Code 064606242
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FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) West Haven Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/ D D 11	/ Y Y Y Y Y 2018
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**C27134144**

Amount of Each Receipt this Period

**500.00** Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**1475.00****TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Wilde, Joshua,,,**

Mailing Address 2849 N 89th St

City Milwaukee State WI Zip Code 532224603

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Milwaukee Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		18		2018				

**C27134054**

Amount of Each Receipt this Period

500.00

Memo Item

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

**B. Shoop, Andrew,,,**

Mailing Address 1320 Willowbrook Dr

City Florissant State MO Zip Code 630332149

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

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		24		2018				

**C27133980**

Amount of Each Receipt this Period

750.00

Memo Item

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

**C. Manley, Nathan,,,**

Mailing Address 101 NE Misty Meadow Ln

City Lees Summit State MO Zip Code 640641289

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Central Jack Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		03		2018				

**C27133816**

Amount of Each Receipt this Period

750.00

Memo Item

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

2000.00

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


# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Gerdis,Paul,,,**

Mailing Address 146 Springwater Trce

City Woodstock	State GA	Zip Code 301886000
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

<input type="text"/> M M 01	<input type="text"/> D D 04	<input type="text"/> Y Y Y Y Y 2018
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**C27133716**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Atlanta Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Perry,Eric,,,**

Mailing Address 424 17th St Apt D10

City Union City	State NJ	Zip Code 070874393
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

<input type="text"/> M M 01	<input type="text"/> D D 28	<input type="text"/> Y Y Y Y Y 2018
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**C27133715**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

North Hudson Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Pesature,William,,,**

Mailing Address 2259 Sandy Point Ln

City Mount Pleasant	State SC	Zip Code 294669203
------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

<input type="text"/> M M 01	<input type="text"/> D D 04	<input type="text"/> Y Y Y Y Y 2018
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**C27133657**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

South Carolina Professional Fire Fight

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

2000.00

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

<input type="text"/>
<input type="text"/>

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Hall,John,,,**

Mailing Address 7254 Sentinel Rd

City Rockford	State IL	Zip Code 611075504
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Rockford Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 04	/	Y = Y 2018
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**C27133339**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Postlewait,Kevin,,,**

Mailing Address 1001 Trenton Pl

City Wilmington	State DE	Zip Code 198011344
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Chester Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 17	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27133276**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Silva,Derek,,,**

Mailing Address 5 Wilbur Rd

City Lincoln	State RI	Zip Code 028655109
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Providence Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 17	/	Y = Y 2018
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**C27133236**

Amount of Each Receipt this Period

750.00

 Memo Item

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

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Yetman, Eric,,,**

Mailing Address 215 Golfcrest Cir

City Baldwinsville State NY Zip Code 130273501

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Syracuse Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 07	/	Y = Y 2018
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**C27133103**

Amount of Each Receipt this Period

750.00

Memo Item

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

**B. French, Jayson,,,**

Mailing Address 5692 Pennock Point Rd

City Jupiter State FL Zip Code 334583417

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

West Palm Beach Association Of Fire Fi Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 22	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27132850**

Amount of Each Receipt this Period

750.00

Memo Item

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

**C. Tribolet, Michael,,,**

Mailing Address 41 Purrington Rd

City Petaluma State CA Zip Code 949524862

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Marin Professional Fire Fighters Fire Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 09	/	Y = Y 2018
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**C27132801**

Amount of Each Receipt this Period

750.00

Memo Item

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

2250.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Hyslop, Robert,,**

Mailing Address 4621 51st Ave S

City Seattle	State WA	Zip Code 981181465
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Renton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 07	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27132466**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Milie, Robert,,**

Mailing Address PO Box 13403

City Savannah	State GA	Zip Code 314160403
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Savannah Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 22	/ Y Y Y Y Y 2018
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**C27132009**

Amount of Each Receipt this Period

206.70

 Memo Item

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

**C. Hinton, Johnny,,**

Mailing Address 544 Pointe South Dr

City Savannah	State GA	Zip Code 314101732
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Savannah Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 07	/ Y Y Y Y Y 2018
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**C27132008**

Amount of Each Receipt this Period

750.00

 Memo Item

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

1456.70

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Hand,Matthew,,,**

Mailing Address 110 E Benedict Ave

City Havertown	State PA	Zip Code 190832404
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27131931**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Chester Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Heizman,Daniel,,,**

Mailing Address 1011 W 66th Ter

City Kansas City	State MO	Zip Code 641131846
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 09	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27131896**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Kansas City Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Smith,Joshua,,,**

Mailing Address 116 N Mulberry St

City Statesville	State NC	Zip Code 286775136
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
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**C27131887**

Amount of Each Receipt this Period

62.50

Memo Item

Name of Employer (for Individual)

Statesville Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1062.50

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Mitchell,Jesse,W.,,**

Mailing Address PO Box 8246

City Bonney Lake State WA Zip Code 983911100

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Valley Fire Fighters Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 03	/	Y = Y 2018
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**C27131725**

Amount of Each Receipt this Period

750.00

Memo Item

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

**B. Evans,Kert,,,**

Mailing Address 1130 Grant St

City Wheaton State IL Zip Code 601896533

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Arlington Heights Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 23	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27131425**

Amount of Each Receipt this Period

12.00

Memo Item

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

**C. Scrol,Christopher,,,**

Mailing Address 3707 Tennessee Dr

City Rockford State IL Zip Code 611086119

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Rockford Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 01	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27131259**

Amount of Each Receipt this Period

500.00

Memo Item

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

1262.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Michalovic,Steven,,,**

Mailing Address 11 Grand St

City West Haven	State CT	Zip Code 065166811
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Stratford Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 18	/ Y Y Y Y Y 2018
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**C27131058**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Cooper,Jeffrey,L.,,**

Mailing Address 1860 Heath Markham Rd

City Lima	State NY	Zip Code 144859530
--------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Gates Career Fire Fighters &amp; Dispatche

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
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**C27130997**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Hankins,Franz,,,**

Mailing Address 6825 Quarter Circle Rd

City Colorado Springs	State CO	Zip Code 809223016
--------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Monument Professional Fire Fighters As

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 02	/ Y Y Y Y Y 2018
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**C27130858**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Johnson,Alexander,James,,**

Mailing Address 1501 NW 56th St Apt 402

City Seattle	State WA	Zip Code 981075297
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Snohomish County Fire District 1 Profe	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  0.00
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Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
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**C27137019**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Johnson,Alexander,James,,**

Mailing Address 1501 NW 56th St Apt 402

City Seattle	State WA	Zip Code 981075297
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Snohomish County Fire District 1 Profe	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  0.00
---	--

Date of Receipt

M M 01	/ D D 23	/ Y Y Y Y Y 2018
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**C27136860**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Burke,Michael,J.,Jr.**

Mailing Address 26 Watercress Ct

City Coventry	State RI	Zip Code 028168558
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Cranston Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  0.00
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Date of Receipt

M M 01	/ D D 03	/ Y Y Y Y Y 2018
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**C27136852**

Amount of Each Receipt this Period



Memo Item

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



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



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. McDade,James,R.,,**

Mailing Address 707 Palmer Pl

City Richardson	State TX	Zip Code 750806008
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FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Dallas Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 10	/ Y Y Y Y Y 2018
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**C27130644**

Amount of Each Receipt this Period

475.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Milie,Robert,,**

Mailing Address PO Box 13403

City Savannah	State GA	Zip Code 314160403
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Savannah Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 15	/ Y Y Y Y Y 2018
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**C27130633**

Amount of Each Receipt this Period

750.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Bartek,Jason,,**

Mailing Address 532 E Jones St # A

City Savannah	State GA	Zip Code 314014710
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Savannah Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
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**C27130632**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1725.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Sauser,John,,,**

Mailing Address 1503 Chestnut Dr

City Council Bluffs	State IA	Zip Code 515038462
------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Council Bluffs Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 08	/	Y = Y 2018
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**C27130468**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Astley,Reed,,,**

Mailing Address 3413 17th Ave S

City Seattle	State WA	Zip Code 981446613
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Valley Fire Fighters Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 10	/	Y = Y 2018
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**C27130349**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Hogan,Raymond,,,III**

Mailing Address 7 Normandy Dr

City Lake Saint Louis	State MO	Zip Code 633671614
--------------------------	-------------	-----------------------

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 05	/	Y = Y 2018
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**C27130284**

Amount of Each Receipt this Period

750.00

 Memo Item

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

2000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Harrah,James,,,**

Mailing Address 2792 E Quinn Ave

City Terre Haute	State IN	Zip Code 478059525
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Terre Haute Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 04	/ Y Y Y Y Y 2018
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**C27130270**

Amount of Each Receipt this Period

750.00

Memo Item

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

**B. Harris,Henry,,,**

Mailing Address 38 Henry St

City Franklin	State IN	Zip Code 461312506
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Indianapolis Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 06	/ Y Y Y Y Y 2018
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**C27130206**

Amount of Each Receipt this Period

750.00

Memo Item

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

**C. Brown,Elizabeth,,,**

Mailing Address 609 S Gran Ave Apt 903

City Los Angeles	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
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**C27130176**

Amount of Each Receipt this Period

500.00

Memo Item

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

2000.00

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


**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Cameron,Russell,C.,,**

Mailing Address 25 Maplehurst Ave

City Warwick	State RI	Zip Code 028895010
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Cranston Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 04	/	Y = Y 2018
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**C27130108**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Cordova,Phillip,,,**

Mailing Address 1300 Golden Cir Apt 212

City Golden	State CO	Zip Code 804013660
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Denver Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 09	/	Y = Y 2018
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**C27130090**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Wilson,Cory,,,**

Mailing Address 1716 Flint Ln

City Coshocton	State OH	Zip Code 438123111
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Coshocton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 02	/	Y = Y 2018
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**C27129804**

Amount of Each Receipt this Period

750.00

 Memo Item

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

2000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Tarantino,Anthony,,,**

Mailing Address 1102 Boulevard Unit 9

City Seaside Heights	State NJ	Zip Code 087512122
-------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 28	/	Y Y Y Y Y 2018
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**C27129787**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Newark Fire Officers Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Thomas,Phillip,,,**

Mailing Address 1809 L St.

City Grand Island	State NE	Zip Code 688013602
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 08	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27129631**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Grand Island Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Bertuccio,Steve,,,**

Mailing Address 3401 NW 44th St Apt 103

City Fort Lauderdale	State FL	Zip Code 333094257
-------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 26	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27129591**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Broward County Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1750.00

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

1750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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

**A. Costa,Keith,,,**

Mailing Address 12281 NW 29th Pl

City Sunrise	State FL	Zip Code 333231539
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fort Lauderdale Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 21	/	Y Y Y Y Y 2018
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**C27129341**

Amount of Each Receipt this Period

500.00

Memo Item

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

**B. Piccolo,Joseph,,,**

Mailing Address 6992 NW 30th Ave

City Fort Lauderdale	State FL	Zip Code 333091381
-------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Davie Professional Fire Fighters Fire

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27129288**

Amount of Each Receipt this Period

62.50

Memo Item

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

**C. Piccolo,Joseph,,,**

Mailing Address 6992 NW 30th Ave

City Fort Lauderdale	State FL	Zip Code 333091381
-------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Davie Professional Fire Fighters Fire

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 26	/	Y Y Y Y Y 2018
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**C27129287**

Amount of Each Receipt this Period

500.00

Memo Item

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

1062.50

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. DeBay, Gabriel, Orian,**

Mailing Address 1124 NE Lilac St Apt 302

City Issaquah	State WA	Zip Code 980297875
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Shoreline Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/	D D 03	/	Y Y Y Y Y 2018
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**C27129247**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Jones, Ryan, C.,,**

Mailing Address 2150 Katy Dr

City Beaumont	State TX	Zip Code 777074607
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Beaumont Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/	D D 06	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27129192**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Woolf, Scott,,**

Mailing Address 2237 Ballentine Pike

City Springfield	State OH	Zip Code 455028627
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Springfield Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/	D D 13	/	Y Y Y Y Y 2018
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**C27129120**

Amount of Each Receipt this Period



Memo Item

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



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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Taylor,Jeff,,,**

Mailing Address 3611 Gateview Cir

City Louisville	State KY	Zip Code 402722671
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 02	/	Y = Y 2018
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**C27129092**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Louisville Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Houston,Joshua,W.R.,,**

Mailing Address 3993 W Loxton Loop

City Coeur D Alene	State ID	Zip Code 838159375
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 01	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27129068**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Coeur D Alene Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Weerda,James,,,**

Mailing Address 5041 Bent Tree Ct

City Rockford	State IL	Zip Code 611145302
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 16	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27128919**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Rockford Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

2000.00

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


**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 34 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Stockwell,Jared,,,**

Mailing Address 4052 Allen Ave

City Grand Island	State NE	Zip Code 688032942
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Grand Island Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 23	/	Y = Y 2018
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**C27128793**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Murray,Anthony,L.,,**

Mailing Address 399 S 14th St

City Noblesville	State IN	Zip Code 460602920
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Hamilton County Professional Fire Figh

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 02	/	Y = Y 2018
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**C27128689**

Amount of Each Receipt this Period

15.40

 Memo Item

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

**C. Murray,Anthony,L.,,**

Mailing Address 399 S 14th St

City Noblesville	State IN	Zip Code 460602920
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Hamilton County Professional Fire Figh

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 03	/	Y = Y 2018
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**C27128688**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1015.40

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Tighe,Howard,,,**

Mailing Address 35 Top O The Mark Dr

City Jamestown	State RI	Zip Code 028352436
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Portsmouth Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27128685**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Burns,Amber,,,**

Mailing Address 1221 NW 87th Way

City Pembroke Pines	State FL	Zip Code 330244736
------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Broward County Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 26	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27128667**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Carreiro,Michael,,,**

Mailing Address 30 Bunting Rd

City Warwick	State RI	Zip Code 028893706
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Warwick Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 28	/	Y Y Y Y Y 2018
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**C27128645**

Amount of Each Receipt this Period

750.00

 Memo Item

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

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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  
**A. Houston,Joshua,W.R.,,**

Mailing Address 3993 W Loxton Loop

City Coeur D Alene State ID Zip Code 838159375

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
**Coeur D Alene Fire Dept.** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
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**C27136827**

Amount of Each Receipt this Period

**66.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. McQuilkin,Charles,,,**

Mailing Address 107 Jackson St

City Philadelphia State PA Zip Code 191483335

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
**Philadelphia Fire Dept.** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M M 01	/ D D 25	/ Y Y Y Y Y 2018
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**C27136818**

Amount of Each Receipt this Period

**750.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. McCoy,Adam,,,**

Mailing Address 3727 Indian Trl

City Suffolk State VA Zip Code 234348327

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
**Tidewater Federal Fire Fighters Fire D** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
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**C27136812**

Amount of Each Receipt this Period

**500.00**

Memo Item

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

**1316.00**

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 36 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Beattie,Christopher,,,**

Mailing Address 2465 Boston Neck Rd

City Saunderstown State RI Zip Code 028743816

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

North Kingstown Fire Dept. Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

**M = M / D = D / Y = Y Y Y Y**  
01 24 2018

**C27128527**

Amount of Each Receipt this Period

**750.00**

Memo Item

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

**B. Palaza,Michael,R.,,**

Mailing Address 86 Alton Rd

City Quincy State MA Zip Code 021697910

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

Quincy Fire Dept. Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

**M = M / D = D / Y = Y Y Y Y**  
01 04 2018

**C27128509**

Amount of Each Receipt this Period

**500.00**

Memo Item

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

**C. Romano,Thomas,,,**

Mailing Address 13840 Asher Cove Ct

City Jacksonville State FL Zip Code 322240296

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

Jacksonville Association Of Fire Fight Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify)

Date of Receipt

**M = M / D = D / Y = Y Y Y Y**  
01 23 2018

**C27128297**

Amount of Each Receipt this Period

**500.00**

Memo Item

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

**1750.00**

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

**1750.00**

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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  
**A. Boggess,Myron,G.,II**

Mailing Address PO Box 102

City Gandeeville State WV Zip Code 252430102

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

M M 01	/	D D 29	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27128214**

Amount of Each Receipt this Period

**500.00**

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Charleston Fire Dept. Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**0.00**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Glynn,Michael,,Jr.**

Mailing Address 9741 Barksdale Dr

City Fort Worth State TX Zip Code 762446025

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

M M 01	/	D D 27	/	Y Y Y Y Y 2018
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**C27128188**

Amount of Each Receipt this Period

**475.00**

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Fort Worth Fire Dept. Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**0.00**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Murray,Anthony,L.,,**

Mailing Address 399 S 14th St

City Noblesville State IN Zip Code 460602920

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

M M 01	/	D D 08	/	Y Y Y Y Y 2018
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**C27128184**

Amount of Each Receipt this Period

**475.00**

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Hamilton County Professional Fire Figh Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

**0.00**

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

**1450.00**

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 38 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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  
**A. Mancuso,Richard,,**

Mailing Address 16534 Albright Rd

City Spring Hill	State FL	Zip Code 346103315
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Pasco County Professional Fire Fighter	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27128177**

Amount of Each Receipt this Period

500.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Brown,Terry,L.,Sr.**

Mailing Address PO Box 965

City Roy	State WA	Zip Code 985800965
-------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Pierce County Professional Fire Fighte	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 18	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27127982**

Amount of Each Receipt this Period

750.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Cormier,Roy,,,**

Mailing Address 9630 Pagewood Ln

City Houston	State TX	Zip Code 770635106
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Houston Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Date of Receipt

M M 01	/ D D 18	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27127968**

Amount of Each Receipt this Period

750.00

 Memo Item

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

2000.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 39 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. McDonnell, Kevin,,,**

Mailing Address 26 Glendale Rd

City Milton	State MA	Zip Code 021864717
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Randolph Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 07	/	Y = Y 2018
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**C27127938**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Morton, Ward,,**

Mailing Address 1124 Black Cherry Dr

City Savannah	State TX	Zip Code 762271308
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Denton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 05	/	Y = Y 2018
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**C27127847**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. DeBay, Gabriel, Orian,,**

Mailing Address 1124 NE Lilac St Apt 302

City Issaquah	State WA	Zip Code 980297875
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Shoreline Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 16	/	Y = Y 2018
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**C27127842**

Amount of Each Receipt this Period

75.00

 Memo Item

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

1075.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 40 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Krystofiak,Christopher,,,**

Mailing Address 17828 120th Street Ct E

City Bonney Lake	State WA	Zip Code 983916902
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27127808**

Amount of Each Receipt this Period

475.00

 Memo Item

Name of Employer (for Individual)

Renton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Krystofiak,Christopher,,,**

Mailing Address 17828 120th Street Ct E

City Bonney Lake	State WA	Zip Code 983916902
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27127807**

Amount of Each Receipt this Period

500.00

 Memo Item

Name of Employer (for Individual)

Renton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Odachowski,Roger,K.,,**

Mailing Address 117 Royal Dr

City Williamston	State SC	Zip Code 296972046
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M M 01	/	D D 04	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27127793**

Amount of Each Receipt this Period

750.00

 Memo Item

Name of Employer (for Individual)

South Carolina Professional Fire Fight

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1725.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 41 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Brozovich,Matt,,**

Mailing Address 6550 Congressional Ct SE

City Salem	State OR	Zip Code 973069152
---------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Salem Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27127778**

Amount of Each Receipt this Period

**750.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Kluever,Eric,,**

Mailing Address 3018 16th St

City Columbus	State NE	Zip Code 686014202
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Columbus Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 09	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27127768**

Amount of Each Receipt this Period

**500.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Brown,Elizabeth,,**

Mailing Address 609 S Gran Ave Apt 903

City Los Angeles	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Cal Fire Local 2881 Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 19	/ Y Y Y Y Y 2018
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**C27127702**

Amount of Each Receipt this Period

**2.25** Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**1252.25****TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 42 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Gonzalez,Nicolas,,,**

Mailing Address 2810 NW 23rd Blvd

City Gainesville	State FL	Zip Code 326052925
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Gainesville Professional Fire Fighters

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 10	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27127478**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Taylor,Ron,,,**

Mailing Address 12828 Newport Way

City Brighton	State CO	Zip Code 806026955
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Westminster Professional Fire Fighters

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27127401**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Testino,Brian,,,**

Mailing Address 57 Colonial Blvd

City Hillsdale	State NJ	Zip Code 076422531
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

North Hudson Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
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**C27127399**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1500.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 43 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Evans,Kert,,,**

Mailing Address 1130 Grant St

City Wheaton	State IL	Zip Code 601896533
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Arlington Heights Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 03	/	Y = Y 2018
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**C27127344**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Becker,Sean,,,**

Mailing Address 2269 Cathedral Dr

City Palm Harbor	State FL	Zip Code 346836717
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Clearwater Fire Fighters Association F

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 03	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27127306**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Baudin,Terrence,,,**

Mailing Address 36 Whitmarsh Ave

City Worcester	State MA	Zip Code 016063214
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Worcester Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 10	/	Y = Y 2018
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**C27127234**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1750.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 44 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. DeBay, Gabriel, Orion,**

Mailing Address 1124 NE Lilac St Apt 302

City Issaquah	State WA	Zip Code 980297875
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Shoreline Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 07	/	Y = Y 2018
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**C27126982**

Amount of Each Receipt this Period

475.00

 Memo Item

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

**B. Paquette, Bradley,,,**

Mailing Address 25571 SW 20th Pl

City Newberry	State FL	Zip Code 326695000
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Gainesville Professional Fire Fighters

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 09	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27126976**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Baldwin, Charles,,,**

Mailing Address 4623 Benlocke Rd

City Jacksonville	State FL	Zip Code 322107403
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Jacksonville Association Of Fire Fight

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 12	/	Y = Y 2018
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**C27126931**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1475.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Papagni,Michael,,,**

Mailing Address 28 Cheyenne Rd

City Worcester	State MA	Zip Code 016062652
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Worcester Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 07	/ Y Y Y Y Y 2018
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**C27126865**

Amount of Each Receipt this Period

500.00

Memo Item

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

**B. Stewart,Tim,,,**

Mailing Address 1775 E Palm Canyon Dr Ste 110-231

City Palm Springs	State CA	Zip Code 922641613
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
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**C27126716**

Amount of Each Receipt this Period

475.00

Memo Item

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

**C. Bellamy,Michael,,,**

Mailing Address 9301 Buck Haven Trl

City Tallahassee	State FL	Zip Code 323124106
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tallahassee Professional Fire Fighters

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 06	/ Y Y Y Y Y 2018
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**C27126713**

Amount of Each Receipt this Period

750.00

Memo Item

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

1725.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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

**A. Bentley,James,,,**

Mailing Address 173 High Meadows Rd

City Decatur	State TX	Zip Code 762346878
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27136811**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Denton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Pringle,Kenneth,,,**

Mailing Address 1 Middleton Pl

City Charleston	State SC	Zip Code 294033617
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
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**C27136654**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Charleston Fire Fighters Association F

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Whitehead,John,,,**

Mailing Address 14 Sampson Ter

City Danbury	State CT	Zip Code 068105137
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
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**C27136290**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Danbury Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1500.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 46 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Smith,Joshua,,,**

Mailing Address 116 N Mulberry St

City Statesville	State NC	Zip Code 286775136
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Statesville Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 03	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27126575**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Frank,Matthew,,,**

Mailing Address 2732 14th Street PI SW

City Puyallup	State WA	Zip Code 983736042
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Tacoma Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 20	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27126499**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Stewart,Tim,,,**

Mailing Address 1775 E Palm Canyon Dr Ste 110-231

City Palm Springs	State CA	Zip Code 922641613
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 01	/	Y = Y 2018
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**C27126295**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1500.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Frater,Thad,,,**

Mailing Address 2319 S Owl Ct

City Veradale	State WA	Zip Code 990379445
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Spokane Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 19	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27126085**

Amount of Each Receipt this Period

25.00

 Memo Item

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

**B. Reed,Bradley,R,,,**

Mailing Address 401 US Route 2b

City Saint Johnsbury	State VT	Zip Code 058199054
-------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Saint Johnsbury Fire Fighters Associat

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 18	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27126083**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Glynn,Michael,,,Jr.**

Mailing Address 9741 Barksdale Dr

City Fort Worth	State TX	Zip Code 762446025
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Fort Worth Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 19	/ Y Y Y Y Y 2018
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**C27126022**

Amount of Each Receipt this Period

60.00

 Memo Item

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

585.00

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

**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 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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) Occupation (for Individual)  
**Lexington Fire Dept.** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
Other (specify) ▼

Date of Receipt

M M 01	/ D D 15	/ Y Y Y Y Y 2018
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**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) Occupation (for Individual)  
**Professional Fire Fighters of Eastern** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
Other (specify) ▼

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
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**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) Occupation (for Individual)  
**Lake Area Fire Fighters Association Fi** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
Other (specify)

Date of Receipt

M M 01	/ D D 28	/ Y Y Y Y Y 2018
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**C27125608**

Amount of Each Receipt this Period

**750.00** Memo Item

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

**1750.00**

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Stuhlman,Jen,M.,,**

Mailing Address 817 Harmony View Dr

City Cottleville	State MO	Zip Code 633762584
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 04	/ Y Y Y Y Y 2018
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**C27125363**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Professional Fire Fighters of Eastern

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Robinson,Scott,,,**

Mailing Address 930 Smithfield Ave Apt 913

City Providence	State RI	Zip Code 02904
--------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 06	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27125359**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Cranston Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Wojtowicz,Steven,,,**

Mailing Address 68 W Airmount Rd

City Mahwah	State NJ	Zip Code 074301719
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 09	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27125276**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

North Hudson Fire Officers Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Kielty,John,,,**

Mailing Address 61 Suffolk Ave

City Staten Island	State NY	Zip Code 103145132
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 08	/	Y Y Y Y Y 2018
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**C27125220**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

New York Uniformed Fire Officers Assoc

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Marshall,Michael,,,**

Mailing Address 54 Russell Rd

City Weymouth	State MA	Zip Code 021902726
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 02	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27125219**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Quincy Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Middleton,Missi,,,**

Mailing Address 27631 Lippizzan Trl

City Punta Gorda	State FL	Zip Code 339508342
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 02	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27125213**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Southwest Florida Professional Fire Fi

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

2000.00

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


# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Cowan,Todd,,**

Mailing Address 1618 Bow Tree Dr

City West Chester	State PA	Zip Code 193806406
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
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**C27125034**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Chester Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Bowes,Tom,,**

Mailing Address 200 Cove Way Unit 805

City Quincy	State MA	Zip Code 021695865
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 15	/	Y Y Y Y Y 2018
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**C27125004**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Quincy Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Reddish,Morgan,,**

Mailing Address 21090 NW 74th Ave

City Starke	State FL	Zip Code 320915162
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 28	/	Y Y Y Y Y 2018
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**C27124656**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Jacksonville Association Of Fire Fight. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Henderson,Thomas,,,**

Mailing Address 102 Arlington St

City Rockland	State MA	Zip Code 023702463
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Rockland Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/ D D 26	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27124637**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bush,Jeremy,,,**

Mailing Address 1808 Sovereign Dr

City Fort Wayne	State IN	Zip Code 468157450
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Fort Wayne Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
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**C27124595**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Fleniken,Mark,,,**

Mailing Address PO Box 173

City Saint Jo	State TX	Zip Code 762650173
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Denton Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/ D D 02	/ Y Y Y Y Y 2018
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**C27124535**

Amount of Each Receipt this Period



Memo Item

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



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



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Miller,Jeffrey,,**

Mailing Address 3717 SW 102nd St

City Seattle	State WA	Zip Code 981463643
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 11	/	Y Y Y Y Y 2018
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**C27124526**

Amount of Each Receipt this Period

10.00

Memo Item

Name of Employer (for Individual)

Seattle Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Mudie,Ryan,J.,,**

Mailing Address 2228 Sunset Dr W

City Tacoma	State WA	Zip Code 984662933
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 06	/	Y Y Y Y Y 2018
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**C27124449**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Tacoma Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Frater,Thad,,,**

Mailing Address 2319 S Owl Ct

City Veradale	State WA	Zip Code 990379445
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 10	/	Y Y Y Y Y 2018
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**C27124342**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Spokane Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1010.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. MacKinnon,Richard,,,**

Mailing Address 9 Oakdale Farm Rd

City Whitman	State MA	Zip Code 023821657
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Whitman Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
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**C27124222**

Amount of Each Receipt this Period

**750.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bayne,Jeffrey,,,**

Mailing Address 4725 SW 109th Ter

City Davie	State FL	Zip Code 333283238
---------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Fort Lauderdale Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 25	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27124102**

Amount of Each Receipt this Period

**750.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Simac,Steve,,,**

Mailing Address 4712 SW Bimini Cir N

City Palm City	State FL	Zip Code 349901234
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Fort Lauderdale Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27124035**

Amount of Each Receipt this Period

**500.00**

Memo Item

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

**2000.00**

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

<b>2000.00</b>		

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 55 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Sanders, Kevin, D.,,**

Mailing Address 230 S Arlington Ave

City Springfield	State OH	Zip Code 455051302
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Springfield Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 12	/	Y = Y 2018
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**C27123971**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Mudie, Ryan, J.,,**

Mailing Address 2228 Sunset Dr W

City Tacoma	State WA	Zip Code 984662933
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Tacoma Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 08	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27123949**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Mastroianni, William,,,**

Mailing Address 16060 Addington Ct

City Newbury	State OH	Zip Code 440659174
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Euclid Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 06	/	Y = Y 2018
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**C27123832**

Amount of Each Receipt this Period

750.00

 Memo Item

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

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Huseman,John,,,**

Mailing Address 9023 Lantern Ln

City Indianapolis State IN Zip Code 462562247

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Hamilton County Professional Fire Figh Occupation (for Individual) Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
Other (specify) ▼

Date of Receipt

M M 01	/ D D 03	/ Y Y Y Y Y 2018
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**C27136070**

Amount of Each Receipt this Period

**500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Judge,Michael,,,**

Mailing Address 920 Lopez St

City Santa Fe State NM Zip Code 875012421

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Santa Fe County Fire Fighters Fire Dep Occupation (for Individual) Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
Other (specify) ▼

Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27135992**

Amount of Each Receipt this Period

**500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Merkel,Brian,,,**

Mailing Address 8834 W Center St

City Milwaukee State WI Zip Code 532224652

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Milwaukee Fire Dept. Occupation (for Individual) Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
Other (specify) ▼

Date of Receipt

M M 01	/ D D 06	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27135690**

Amount of Each Receipt this Period

**750.00**

Memo Item

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

**1750.00**

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

1750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Miller,Jeffrey,,**

Mailing Address 3717 SW 102nd St

City Seattle	State WA	Zip Code 981463643
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Seattle Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 11	/	Y Y Y Y Y 2018
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**C27123821**

Amount of Each Receipt this Period

750.00

Memo Item

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

**B. Forbes,Robert,,**

Mailing Address 148 White Deer Rocks Rd

City Woodbury	State CT	Zip Code 067983504
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Danbury Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 03	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27123675**

Amount of Each Receipt this Period

500.00

Memo Item

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

**C. Lemonda,James,,**

Mailing Address 1 Elm Dr

City New Hyde Park	State NY	Zip Code 110403305
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Uniformed Fire Officers Assoc

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 08	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27123641**

Amount of Each Receipt this Period

750.00

Memo Item

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

2000.00

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


# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Salzano,Michael,,,**

Mailing Address 1151 SW 2nd St

City Boca Raton	State FL	Zip Code 334864549
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 25	/	Y Y Y Y Y 2018
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**C27123561**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Fort Lauderdale Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Richter,Trent,,,**

Mailing Address 2327 Flowering Crab Dr W

City Lafayette	State IN	Zip Code 479057656
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 04	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27123508**

Amount of Each Receipt this Period

475.00

Memo Item

Name of Employer (for Individual)

Lafayette Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Bonney,Keith,,,**

Mailing Address 14 James Pl

City Plainville	State CT	Zip Code 060622549
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 06	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27122959**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

New Britain Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1725.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Lowin,Colin,,,**

Mailing Address 2603 H St

City Bellingham	State WA	Zip Code 982253428
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bellingham Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27122872**

Amount of Each Receipt this Period

500.00

Memo Item

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

**B. Diel,Bradley,S.,,**

Mailing Address 3303 Springview Ln

City Champaign	State IL	Zip Code 618226179
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Champaign Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 05	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27122726**

Amount of Each Receipt this Period

205.50

Memo Item

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

**C. Smith,Brian,,,**

Mailing Address 2521 NW Alice Kelley St

City McMinnville	State OR	Zip Code 971282804
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tualatin Valley Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 04	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27122716**

Amount of Each Receipt this Period

750.00

Memo Item

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

1455.50

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Timm, Eric,,**

Mailing Address 220 Lake Hills Blvd

City Bellevue	State WA	Zip Code 980084740
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 06	/	Y = Y 2018
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**C27122528**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

King County Paramedics Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Lake, Christopher,,,**

Mailing Address 2304 Strathmore Rd

City Lansing	State MI	Zip Code 489102884
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 27	/	Y = Y 2018
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**C27122522**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Lansing Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Schmidt, David,,,**

Mailing Address 308 Saint Theodore Ct

City Wentzville	State MO	Zip Code 633852921
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 12	/	Y = Y 2018
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**C27122466**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Professional Fire Fighters of Eastern

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

2250.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. McKay,Scott,,**

Mailing Address 5 Normandy Dr

City Lake Saint Louis State MO Zip Code 633671614

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: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M = M 01	/	D = D 08	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27122449**

Amount of Each Receipt this Period

**750.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Perez,Andre,,**

Mailing Address 5126 Monet Ave

City Belle Isle State FL Zip Code 328121049

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Orange County Fire Fighters Assocatio Occupation (for Individual) Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M = M 01	/	D = D 09	/	Y = Y 2018
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**C27122273**

Amount of Each Receipt this Period

**500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Nye,Montgomery,,**

Mailing Address 13762 Lawson Rd

City Grand Ledge State MI Zip Code 488379756

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Grand Ledge Fire Dept. Occupation (for Individual) Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify)

Date of Receipt

M = M 01	/	D = D 04	/	Y = Y 2018
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**C27122221**

Amount of Each Receipt this Period

**500.00**

Memo Item

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

**1750.00**

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Foster,Terry,,,**

Mailing Address 10923 NE 192nd Ave

City Brush Prairie State WA Zip Code 986062718

FEC ID number of contributing federal political committee.

C

Date of Receipt

M = M 01	/	D = D 08	/	Y = Y 2018
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**C27122181**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Portland Fire Dept. Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Ballard,Jason,,,**

Mailing Address 10016 Boston Harbor Dr

City Providence Village State TX Zip Code 762278523

FEC ID number of contributing federal political committee.

C

Date of Receipt

M = M 01	/	D = D 05	/	Y = Y 2018
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**C27122059**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Denton Fire Dept. Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Dow,Darren,,,**

Mailing Address 841 Knapp St

City Yreka State CA Zip Code 960972344

FEC ID number of contributing federal political committee.

C

Date of Receipt

M = M 01	/	D = D 10	/	Y = Y 2018
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**C27122020**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Cal Fire Local 2881 Fire Dept. Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

0.00

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

1750.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 62 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Lopez,Mario,,,**

Mailing Address PO Box 8314

City Lynn	State MA	Zip Code 019040314
--------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Lynn Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 01	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27121982**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Quarnstrom,Andrew,J.,,**

Mailing Address 1310 Broadmoor Dr

City Champaign	State IL	Zip Code 618216041
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Champaign Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 05	/ Y Y Y Y Y 2018
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**C27121673**

Amount of Each Receipt this Period

205.50

 Memo Item

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

**C. Scott,Randall,,,**

Mailing Address 12611 NE 134th Pl

City Kirkland	State WA	Zip Code 980345412
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Kirkland Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
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**C27121218**

Amount of Each Receipt this Period

156.25

 Memo Item

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

861.75

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 63 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Norman,William,J.,,**

Mailing Address 8765 Overcup Oaks Dr

City Cordova	State TN	Zip Code 380180427
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Memphis Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 02	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27121179**

Amount of Each Receipt this Period

20.00

 Memo Item

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

**B. Jones,Brian,,,**

Mailing Address 1296 Forman Dr

City Morgantown	State WV	Zip Code 265088788
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Morgantown Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 29	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27121124**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Devaney,Patrick,,,**

Mailing Address 5 Lincoln Ct

City Champaign	State IL	Zip Code 618215615
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Champaign Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 17	/	Y = Y 2018
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**C27121031**

Amount of Each Receipt this Period

274.00

 Memo Item

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

794.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Wertz,Brian,,,**

Mailing Address 1533 Education Ct

City Lehigh Acres	State FL	Zip Code 339712057
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 26	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27120935**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

North Collier Professional Fire Fighte

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Marks,Dean,E.,,**

Mailing Address 318 Ashland Ave

City Elyria	State OH	Zip Code 440358288
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 19	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27120799**

Amount of Each Receipt this Period

24.00

Memo Item

Name of Employer (for Individual)

Elyria Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Farina,John,,,**

Mailing Address 333 W Fulton St

City Long Beach	State NY	Zip Code 115611815
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 08	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27120736**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

New York Uniformed Fire Officers Assoc

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1524.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Norman,William,J.,**

Mailing Address 8765 Overcup Oaks Dr

City Cordova	State TN	Zip Code 380180427
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Memphis Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 17	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27120686**

Amount of Each Receipt this Period

500.00

Memo Item

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

**B. Albanese,Scott,G.,**

Mailing Address 30 Rolling Hills Dr

City East Bridgewater	State MA	Zip Code 023332070
--------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brockton Fire Fighters Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 10	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27120621**

Amount of Each Receipt this Period

500.00

Memo Item

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

**C. Stuart,Kenny,D.,,**

Mailing Address 8725 28th Ave NW

City Seattle	State WA	Zip Code 981173818
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Seattle Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/	D D 08	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27120590**

Amount of Each Receipt this Period

750.00

Memo Item

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

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Daun, Eric,,**

Mailing Address 154 W Center Ave

City Cedar Grove	State WI	Zip Code 530131370
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 03	/	Y Y Y Y Y 2018
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**C27135689**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Milwaukee Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Zellner, Zack,,**

Mailing Address 308 Russell Ave

City Rahway	State NJ	Zip Code 070651623
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 28	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27135628**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

North Hudson Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Hallock, Dillon,,**

Mailing Address 6941 Santa Fe Dr

City Denver	State CO	Zip Code 802217061
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 05	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27135552**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Denver Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Stuart,Kenny,D.,,**

Mailing Address 8725 28th Ave NW

City Seattle State WA Zip Code 981173818

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Seattle Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 11	/ Y Y Y Y Y 2018
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**C27120589**

Amount of Each Receipt this Period

1.00

Memo Item

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

**B. Hill,William,E.,,**

Mailing Address 80 Ellis St

City Brockton State MA Zip Code 023013310

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Brockton Fire Fighters Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27120448**

Amount of Each Receipt this Period

500.00

Memo Item

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

**C. Fehr,David,,,**

Mailing Address 6023 Springcrest Dr

City Georgetown State IN Zip Code 471229148

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Louisville Fire Dept. Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 02	/ Y Y Y Y Y 2018
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**C27120312**

Amount of Each Receipt this Period

750.00

Memo Item

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

1251.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 67 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Kautsky,Ron,,**

Mailing Address 832 N Layman Ave

City Indianapolis	State IN	Zip Code 462194420
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Indianapolis Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 19	/ Y Y Y Y Y 2018
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**C27120268**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Altieri,Richard,,**

Mailing Address 8917 Mavis Ave

City Nottingham	State MD	Zip Code 212362126
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Baltimore Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 09	/ Y Y Y Y Y 2018
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**C27120116**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Altieri,Richard,,**

Mailing Address 8917 Mavis Ave

City Nottingham	State MD	Zip Code 212362126
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Baltimore Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 11	/ Y Y Y Y Y 2018
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**C27120115**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1500.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Bethke,C. Scott,,,**

Mailing Address 14580 River Birch Pl

City Oregon City	State OR	Zip Code 970457678
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 31	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27120109**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Tualatin Valley Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Marks,Dean,E.,,**

Mailing Address 318 Ashland Ave

City Elyria	State OH	Zip Code 440358288
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 16	/	Y = Y 2018
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**C27119902**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Elyria Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Scott,Randall,,,**

Mailing Address 12611 NE 134th Pl

City Kirkland	State WA	Zip Code 980345412
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 19	/	Y = Y 2018
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**C27119863**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Kirkland Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1750.00

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

1750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Marks,Dean,E.,,**

Mailing Address 318 Ashland Ave

City Elyria	State OH	Zip Code 440358288
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Elyria Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27119835**

Amount of Each Receipt this Period

50.00

Memo Item

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

**B. Fusco,Vincent,Biagio,,**

Mailing Address 361 Granville Rd

City North Granby	State CT	Zip Code 060601008
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Hartford Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 25	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27119636**

Amount of Each Receipt this Period

750.00

Memo Item

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

**C. Shelton,Dean,Allen,,**

Mailing Address 13931 Malloree Ln

City Mount Vernon	State WA	Zip Code 982738283
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Marysville Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 23	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27119619**

Amount of Each Receipt this Period

750.00

Memo Item

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

1550.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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

**A. Faber,Walter,,,**

Mailing Address 2904 Glenview St

City Philadelphia	State PA	Zip Code 191492501
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27119570**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Philadelphia Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Golden,Norman,,,**

Mailing Address 5002 SW Hudson St

City Seattle	State WA	Zip Code 981164349
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 04	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27119528**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Valley Fire Fighters Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Matty,Diana,,,**

Mailing Address 466 Santa Fe Rd

City West Palm Beach	State FL	Zip Code 334063166
-------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 22	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27119385**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

West Palm Beach Association Of Fire Fi

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Aggregate Year-to-Date ▼

0.00

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

2250.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 71 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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

**A. Bartelloni,Paul,S.,,**

Mailing Address 329 Bernard Dr

City Morganville	State NJ	Zip Code 077512217
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Newark Fire Officers Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 29	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27119204**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**B. Livingston,Robert,J.,,**

Mailing Address 4651 Chatham St SE

City Salem	State OR	Zip Code 973022199
---------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Salem Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 08	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27119043**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Fehy,Michael,,,**

Mailing Address PO Box 362

City Browns Valley	State CA	Zip Code 959180362
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Sacramento Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M 01	/	D = D 02	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27118707**

Amount of Each Receipt this Period

750.00

 Memo Item

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

2250.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 72 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Marione,Scott,,,**

Mailing Address 812 Laurel Blvd

City Lanoka Harbor	State NJ	Zip Code 087342717
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

North Hudson Fire Officers Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 27	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27118671**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Bongiorno,Michael,,,**

Mailing Address 7359 W Warnimont Ave

City Milwaukee	State WI	Zip Code 532201185
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Milwaukee Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27118653**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Adams,Matthew,,,**

Mailing Address 5072 SW Sensation St

City Palm City	State FL	Zip Code 349901525
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Fort Lauderdale Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27118643**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Dube,Christopher,,,**

Mailing Address PO Box 959

City Wilder State VT Zip Code 050880959

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Hartford Career Fire Fighters Associat

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		12		2018				

**C27118602**

Amount of Each Receipt this Period

750.00

Memo Item

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

**B. Puckett,Marty,,,**

Mailing Address 8721 Prosser Way Unit 105

City Charlotte State NC Zip Code 282160159

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

Charlotte Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		30		2018				

**C27118531**

Amount of Each Receipt this Period

255.00

Memo Item

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

**C. Gullickson,Rob,,,**

Mailing Address 4720 Mermont Dr

City Everett State WA Zip Code 982032902

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual)

South County Union Fire Fighters Fire

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y	Y	Y	Y	Y
01		20		2018				

**C27118479**

Amount of Each Receipt this Period

500.00

Memo Item

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

1505.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Ha,John,J.,,**

Mailing Address 755 Bluebird Dr

City Vacaville	State CA	Zip Code 956877266
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 22	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27118423**

Amount of Each Receipt this Period

250.00

Memo Item

Name of Employer (for Individual)

Fire Fighters Local 1186 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Bickman,Charles,,,**

Mailing Address 14491 77th Pl N

City Loxahatchee	State FL	Zip Code 334704424
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 22	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27118362**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Broward County Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Iversen,Randy,,,**

Mailing Address 4246 Shanna St

City Grand Island	State NE	Zip Code 688032901
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 03	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27118200**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Grand Island Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1500.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 75 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Skinner,Thomas,,,**

Mailing Address 995 Circle Dr

City Baltimore	State MD	Zip Code 212272323
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Baltimore Fire Officers Association Fi

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27118186**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**B. Schulberg,Darren,,,**

Mailing Address 6714 83rd Ave SE

City Snohomish	State WA	Zip Code 982905826
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Seattle Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 23	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27118165**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Andriole,Joseph,,,**

Mailing Address 12 North St

City Johnston	State RI	Zip Code 029192117
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Rhode Island State Association Of Fire

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 27	/ Y Y Y Y Y 2018
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**C27118122**

Amount of Each Receipt this Period

500.00

 Memo Item

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

2000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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  
**A. Henderson,William,,,**

Mailing Address 8195 White Rd

City Beaumont	State TX	Zip Code 777065221
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Beaumont Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/	D D 05	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27135543**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Mazurkiewicz,Heather,,,**

Mailing Address 2061 Cape Heather Cir

City Cape Coral	State FL	Zip Code 339913503
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) North Collier Professional Fire Fighte	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/	D D 03	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27135473**

Amount of Each Receipt this Period



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Judge,Michael,,,**

Mailing Address 920 Lopez St

City Santa Fe	State NM	Zip Code 875012421
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Santa Fe County Fire Fighters Fire Dep	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
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**C27135465**

Amount of Each Receipt this Period



Memo Item

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



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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Cabral,Billy,,,**

Mailing Address 7 Tanglewood Dr

City East Freetown	State MA	Zip Code 027171704
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
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**C27118010**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

New Bedford Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Meikle,Ronald,,,**

Mailing Address 17123 Tonkel Rd

City Leo	State IN	Zip Code 467659779
-------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 07	/ Y Y Y Y Y 2018
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**C27117969**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Fort Wayne Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Walker,David,,,**

Mailing Address 500 S Pine St

City Burlington	State WA	Zip Code 982332326
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
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**C27117825**

Amount of Each Receipt this Period

210.00

Memo Item

Name of Employer (for Individual)

Kirkland Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1460.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 77 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Allen,Clifford,,,**

Mailing Address 6360 N Forestiere Ave

City Fresno	State CA	Zip Code 937223360
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
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**C27117700**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Johnson,James,B.,,**

Mailing Address 3195 Dayton Xenia Rd Ste 900

City Dayton	State OH	Zip Code 454346391
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
International Association of Fire Figh

Occupation (for Individual)

Vice President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
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**C27117604**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Dupin,Timothy,J.,,**

Mailing Address 15805 E 76th St

City Kansas City	State MO	Zip Code 641391338
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Kansas City Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 04	/ Y Y Y Y Y 2018
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**C27117556**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1750.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 78 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Ross,Thomas,,,**

Mailing Address 53 Irving St

City Medford	State MA	Zip Code 021552210
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Somerville Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27117505**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Schulte,Matthew,,,**

Mailing Address 347 Quail Run Ct

City Andover	State KS	Zip Code 670029093
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Wichita Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
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**C27117485**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Fatjo,Arcturus,L.,,**

Mailing Address 2221 NW 94th Ave

City Pembroke Pines	State FL	Zip Code 330243143
------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Broward County Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 02	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27117455**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1500.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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

**A. Gullickson,Rob,,**

Mailing Address 4720 Mermont Dr

City Everett	State WA	Zip Code 982032902
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 23	/	Y = Y 2018
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**C27117361**

Amount of Each Receipt this Period

22.00

Memo Item

Name of Employer (for Individual)

South County Union Fire Fighters Fire

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Freymuth,Mark,,**

Mailing Address PO Box 2301

City Redmond	State WA	Zip Code 980732301
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 19	/	Y = Y 2018
-------------	---	-------------	---	---------------

**C27117333**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Redmond Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Maguire,Joseph,,**

Mailing Address 606 Lafayette Blvd

City Brigantine	State NJ	Zip Code 082032608
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M = M 01	/	D = D 06	/	Y = Y 2018
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**C27117323**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Brigantine Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1272.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Shjerven, Raymond,N.,,**

Mailing Address 4014 Murphy Dr NW

City Gig Harbor	State WA	Zip Code 983358033
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 22	/	Y Y Y Y Y 2018
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**C27117255**

Amount of Each Receipt this Period

16.68

Memo Item

Name of Employer (for Individual)

Kent Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Shjerven, Raymond,N.,,**

Mailing Address 4014 Murphy Dr NW

City Gig Harbor	State WA	Zip Code 983358033
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 01	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27117254**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Kent Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Nelson, Dennis,,,**

Mailing Address 3664 Swan Ct

City Merced	State CA	Zip Code 953408477
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27117229**

Amount of Each Receipt this Period

250.00

Memo Item

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1016.68

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Galvin, William, J., III**

Mailing Address 13450 Murkins Rd

City Kansas City State MO Zip Code 641337005

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
Kansas City Fire Dept. Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M M 01	/	D D 05	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27117221**

Amount of Each Receipt this Period

**500.00**

Memo Item

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

**B. Nelson, Dennis,,**

Mailing Address 3664 Swan Ct

City Merced State CA Zip Code 953408477

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
Cal Fire Local 2881 Fire Dept. Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M M 01	/	D D 03	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27117143**

Amount of Each Receipt this Period

**500.00**

Memo Item

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

**C. Simpson, Scott, M.,,**

Mailing Address 271 West Dr

City Golden State CO Zip Code 804037784

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
Denver Fire Dept. Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M M 01	/	D D 05	/	Y Y Y Y Y 2018
-----------	---	-----------	---	-------------------

**C27117091**

Amount of Each Receipt this Period

**750.00**

Memo Item

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

**1750.00**

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

1750.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 82 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Keough,Kenneth,,,**

Mailing Address 14 W Gate Rd

City Farmington	State CT	Zip Code 060322002
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

New Britain Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 06	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27117024**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**B. Long,John,H.,III**

Mailing Address 12669 Hood Landing Rd

City Jacksonville	State FL	Zip Code 322582042
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Jacksonville Association Of Fire Fight

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 02	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27116976**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**C. Cooper,Douglas,,,**

Mailing Address 1300 Water Willow Dr Apt E

City Deland	State FL	Zip Code 327207536
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Orange County Fire Fighters Associatio

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 09	/ Y Y Y Y Y 2018
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**C27116945**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1750.00

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

1750.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 83 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Dunn,Curtis,,,Jr.**

Mailing Address 1829 Westcrest Dr

City Arlington	State TX	Zip Code 760133477
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FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Arlington Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
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Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
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**C27116936**

Amount of Each Receipt this Period

**750.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Ouellette,Mark,S.,,**

Mailing Address 556 Aeolian Dr

City New Smyrna Beach	State FL	Zip Code 321682405
--------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) International Association of Fire Figh	Occupation (for Individual) Trustee
---	--

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/ D D 19	/ Y Y Y Y Y 2018
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**C27116928**

Amount of Each Receipt this Period

**350.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Chesney,Terrence,H.,,**

Mailing Address 2075 Oakwood Ct

City Trenton	State MI	Zip Code 481831838
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Trenton Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 02	/ Y Y Y Y Y 2018
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**C27116906**

Amount of Each Receipt this Period

**500.00** Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**1600.00****TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 84 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Wright,Louie,A.,,**

Mailing Address 2304 NE 35th Ct

City Kansas City	State MO	Zip Code 641162878
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Kansas City Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 09	/ Y Y Y Y Y 2018
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**C27116885**

Amount of Each Receipt this Period

**750.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Wilding,Steve,,,**

Mailing Address 10430 S Justin Dr

City Oak Creek	State WI	Zip Code 531546534
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FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Oak Creek Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
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**C27116849**

Amount of Each Receipt this Period

**500.00** Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Sweeney,Laurita,L.,,**

Mailing Address 1100 Kasper Dr

City Orlando	State FL	Zip Code 328061849
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FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Orange County Fire Fighters Associatio	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 30	/ Y Y Y Y Y 2018
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**C27116838**

Amount of Each Receipt this Period

**250.00** Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**1500.00****TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Quirk,John,F.,,**

Mailing Address 2028 Edmondson Ave

City Baltimore	State MD	Zip Code 212284235
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 11	/	Y Y Y Y Y 2018
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**C27116699**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Baltimore County Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Keenan,Matthew,,,**

Mailing Address 190 Colonial Dr

City Hanover	State MA	Zip Code 023392103
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 15	/	Y Y Y Y Y 2018
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**C27116691**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Quincy Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Quirk,John,F.,,**

Mailing Address 2028 Edmondson Ave

City Baltimore	State MD	Zip Code 212284235
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 11	/	Y Y Y Y Y 2018
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**C27116529**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Baltimore County Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Robinson,Scott,,**

Mailing Address 2996 Lodgepole Rd

City Coeur D Alene	State ID	Zip Code 838158800
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 01	/	Y Y Y Y Y 2018
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**C27134905**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Coeur D Alene Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Sutphin,Mark,,**

Mailing Address 529 Vista Dr

City Indianapolis	State IN	Zip Code 462801044
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FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 02	/	Y Y Y Y Y 2018
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**C27134859**

Amount of Each Receipt this Period

11.55

Memo Item

Name of Employer (for Individual)

Hamilton County Professional Fire Figh

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Perez,David,,**

Mailing Address 322 E 43rd St

City Hialeah	State FL	Zip Code 330132257
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/	D D 12	/	Y Y Y Y Y 2018
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**C27134858**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Coral Gables Professional Fire Fighter

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1011.55

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Walker,Michael,,**

Mailing Address 801 Zinnia Ln

City Plantation	State FL	Zip Code 333171342
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

<input type="text"/> M M 01	/	<input type="text"/> D D 12	/	<input type="text"/> Y Y Y Y Y 2018
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**C27116498**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Broward County Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Long,Craig,,**

Mailing Address 101 Peterson St

City Leominster	State MA	Zip Code 014535005
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

<input type="text"/> M M 01	/	<input type="text"/> D D 07	/	<input type="text"/> Y Y Y Y Y 2018
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**C27116427**

Amount of Each Receipt this Period

750.00

Memo Item

Name of Employer (for Individual)

Leominster Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Vadney,Bryan,,,**

Mailing Address 5404 NE 24th Ct

City Renton	State WA	Zip Code 980593738
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

<input type="text"/> M M 01	/	<input type="text"/> D D 17	/	<input type="text"/> Y Y Y Y Y 2018
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**C27116385**

Amount of Each Receipt this Period

156.25

Memo Item

Name of Employer (for Individual)

Kirkland Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1406.25

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 87 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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

**A. Lopez,Michael,J.,,**

Mailing Address 16 Highland Cir

City Chico	State CA	Zip Code 959261416
---------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M M 01	/ D D 26	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27116375**

Amount of Each Receipt this Period

500.00

 Memo Item

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Vadney,Bryan,,**

Mailing Address 5404 NE 24th Ct

City Renton	State WA	Zip Code 980593738
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M M 01	/ D D 26	/ Y Y Y Y Y 2018
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**C27116350**

Amount of Each Receipt this Period

500.00

 Memo Item

Name of Employer (for Individual)

Kirkland Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Lopez,Michael,J.,,**

Mailing Address 16 Highland Cir

City Chico	State CA	Zip Code 959261416
---------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M M 01	/ D D 19	/ Y Y Y Y Y 2018
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**C27116342**

Amount of Each Receipt this Period

10.00

 Memo Item

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

1010.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 88 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Medrano,Mark,,**

Mailing Address 119 Caldwell St

City Baytown	State TX	Zip Code 775201209
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Baytown Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 10	/ Y Y Y Y Y 2018
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**C27116316**

Amount of Each Receipt this Period

750.00

 Memo Item

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

**B. Neill,Robert,K.,Jr.**

Mailing Address 352 Plain Rd

City West Greenwich	State RI	Zip Code 028172036
------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Pawtucket Fire Fighters Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 08	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27116291**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Gardner,Thomas,G.,**

Mailing Address 529 Granite Springs Way

City American Canyon	State CA	Zip Code 945033130
-------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual)

Cal Fire Local 2881 Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 29	/ Y Y Y Y Y 2018
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**C27116254**

Amount of Each Receipt this Period

750.00

 Memo Item

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

2000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Rainey,Gary,W.,Jr.**

Mailing Address 10682 SW Westlawn Blvd

City Port Saint Lucie State FL Zip Code 349872497

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

Metropolitan Dade County Association O Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

0.00

Date of Receipt

M M 01	/ D D 29	/ Y Y Y Y Y 2018
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**C27116163**

Amount of Each Receipt this Period

750.00

Memo Item

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

**B. Hollenbacher,Roy,A.,,**

Mailing Address 150 Saint Andrews Blvd

City Lima State OH Zip Code 458043275

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

Lima Fire Dept. Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

0.00

Date of Receipt

M M 01	/ D D 22	/ Y Y Y Y Y 2018
--------	----------	------------------

**C27116135**

Amount of Each Receipt this Period

500.00

Memo Item

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

**C. Sheldrake,Lawrence,,,**

Mailing Address 939 Main St

City Deale State MD Zip Code 207519609

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)

Washington Fire Dept. Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify)

0.00

Date of Receipt

M M 01	/ D D 30	/ Y Y Y Y Y 2018
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**C27116078**

Amount of Each Receipt this Period

750.00

Memo Item

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

2000.00

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


# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Chesney, Terrence, H.,**

Mailing Address 2075 Oakwood Ct

City Trenton	State MI	Zip Code 481831838
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Trenton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
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**C27116047**

Amount of Each Receipt this Period

65.00

Memo Item

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

**B. Groomer, Gary,,**

Mailing Address 4335 N Crescent Ave

City Farmington	State NM	Zip Code 874019234
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Farmington Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 30	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27141527**

Amount of Each Receipt this Period

750.00

Memo Item

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

**C. Studham, Adam,,**

Mailing Address 82 Smith St

City Leominster	State MA	Zip Code 014532619
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Leominster Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 11	/ Y Y Y Y Y 2018
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**C27140920**

Amount of Each Receipt this Period

500.00

Memo Item

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

1315.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 91 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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. Huseman,John,,,**

Mailing Address 9023 Lantern Ln

City Indianapolis	State IN	Zip Code 462562247
----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Hamilton County Professional Fire Figh

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
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**C27140875**

Amount of Each Receipt this Period

475.00

 Memo Item

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

**B. Elam,Justin,,,**

Mailing Address 139 McAllister Rd

City Statesville	State NC	Zip Code 286252230
---------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Statesville Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 03	/ Y Y Y Y Y 2018
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**C27140718**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Rasche,Emerson,,,**

Mailing Address 3152 W 36th Ave

City Denver	State CO	Zip Code 8021112710
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FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Westminster Professional Fire Fighters

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 05	/ Y Y Y Y Y 2018
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**C27140590**

Amount of Each Receipt this Period

500.00

 Memo Item

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

1475.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 92 OF 206

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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  
**A. Newton,Winthrop,,,**

Mailing Address PO Box 15514

City Saint Petersburg	State FL	Zip Code 337335514
--------------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Pinellas County Professional Fire Figh	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
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Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
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**C27140564**

Amount of Each Receipt this Period

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. King,Billy,,,**

Mailing Address 917 Walden Ln

City Savannah	State GA	Zip Code 314058418
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Savannah Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/ D D 03	/ Y Y Y Y Y 2018
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**C27140053**

Amount of Each Receipt this Period

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Braniff,James,,,**

Mailing Address 728 W Jackson Blvd Apt 1202

City Chicago	State IL	Zip Code 606615309
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Arlington Heights Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 
---	--

Date of Receipt

M M 01	/ D D 23	/ Y Y Y Y Y 2018
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**C27139978**

Amount of Each Receipt this Period

 Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►




# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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  
**A. Braniff,James,,,**

Mailing Address 728 W Jackson Blvd Apt 1202

City Chicago	State IL	Zip Code 606615309
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Arlington Heights Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 03	/ Y Y Y Y Y 2018
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**C27139977**

Amount of Each Receipt this Period

**500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Howard,Matthew,,,**

Mailing Address 54 Rhodes Ave

City Cranston	State RI	Zip Code 029051348
------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) East Greenwich Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
--	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 03	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27139769**

Amount of Each Receipt this Period

**750.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Robinson,Scott,,,**

Mailing Address 2996 Lodgepole Rd

City Coeur D Alene	State ID	Zip Code 838158800
-----------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Coeur D Alene Fire Dept.	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27139682**

Amount of Each Receipt this Period

**20.00**

Memo Item

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

**1270.00**

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Green,Robert,,,**

Mailing Address 26 Edgehill Rd

City Norwood	State MA	Zip Code 020625103
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 17	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27139584**

Amount of Each Receipt this Period

25.00

Memo Item

Name of Employer (for Individual)

Lexington Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B. Green,Robert,,,**

Mailing Address 26 Edgehill Rd

City Norwood	State MA	Zip Code 020625103
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 16	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27139439**

Amount of Each Receipt this Period

500.00

Memo Item

Name of Employer (for Individual)

Lexington Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C. Maslowski,David,,,**

Mailing Address 104 Fairway Dr

City Helena	State MT	Zip Code 596010119
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27139416**

Amount of Each Receipt this Period

24.00

Memo Item

Name of Employer (for Individual)

Helena Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

549.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 95 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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  
**A. Perez,David,,,**

Mailing Address 322 E 43rd St

City Hialeah	State FL	Zip Code 330132257
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Coral Gables Professional Fire Fighter	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 12	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27139109**

Amount of Each Receipt this Period

10.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Davis,Jason,,,**

Mailing Address 146 Tinker Trl

City Greenfield	State IN	Zip Code 461402933
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Hancock County Professional Fire Fight	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Date of Receipt

M M 01	/ D D 10	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27139058**

Amount of Each Receipt this Period

475.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Boylston,Brandon,,,**

Mailing Address 4506 Forest Glen Rd

City Greensboro	State NC	Zip Code 274103742
--------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.  
**C**

Name of Employer (for Individual) Professional Fire Fighters Of Greensbo	Occupation (for Individual) Fire Fighter / EMS
---	---

Receipt For: Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Date of Receipt

M M 01	/ D D 04	/ Y Y Y Y Y 2018
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**C27138872**

Amount of Each Receipt this Period

500.00

 Memo Item

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

985.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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  
**A. DeSanctis,Anthony,,,**

Mailing Address 109 Charlesfort Aly Unit E

City Charleston State SC Zip Code 294033383

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
**Charleston Fire Fighters Association F** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

0.00

Date of Receipt

M M 01	/ D D 15	/ Y Y Y Y Y
--------	----------	-------------

**C27134786**

Amount of Each Receipt this Period

500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Krystofiak,Christopher,,,**

Mailing Address 17828 120th Street Ct E

City Bonney Lake State WA Zip Code 983916902

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
**Renton Fire Dept.** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

0.00

Date of Receipt

M M 01	/ D D 11	/ Y Y Y Y Y
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**C27134639**

Amount of Each Receipt this Period

8.34

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Judson,Charles,,,**

Mailing Address 1121 Parkland Run SE

City Smyrna State GA Zip Code 300824736

FEC ID number of contributing federal political committee.  
**C**

Name of Employer (for Individual) Occupation (for Individual)  
**Dobbins Air Reserve Base Fire Dept.** Fire Fighter / EMS

Receipt For: Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

M M 01	/ D D 20	/ Y Y Y Y Y
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**C27134479**

Amount of Each Receipt this Period

500.00

Memo Item

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

1008.34

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 96 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
<input type="checkbox"/> 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

**A. Maslowski,David,,**

Mailing Address 104 Fairway Dr

City Helena	State MT	Zip Code 596010119
----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Helena Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 19	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27138750**

Amount of Each Receipt this Period

475.00

 Memo Item

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

**B. McGinnis,LeRoy,,**

Mailing Address 25 Myrtle Ln

City Patchogue	State NY	Zip Code 117725722
-------------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Uniformed Fire Fighters Assoc. Of NewOccupation (for Individual)  
Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 24	/ Y Y Y Y Y 2018
-----------	-------------	---------------------

**C27138635**

Amount of Each Receipt this Period

500.00

 Memo Item

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

**C. Hyslop,Robert,,**

Mailing Address 4621 51st Ave S

City Seattle	State WA	Zip Code 981181465
-----------------	-------------	-----------------------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Renton Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M 01	/ D D 11	/ Y Y Y Y Y 2018
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**C27138632**

Amount of Each Receipt this Period

2.09

 Memo Item

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

977.09

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 OF 206

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Scrol,Christopher,,,**

Mailing Address 3707 Tennessee Dr

City Rockford State IL Zip Code 611086119

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Rockford Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y
01		11		2018

**C27138607**

Amount of Each Receipt this Period

500.00

Memo Item

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

**B. Schoville,Wayne,,,**

Mailing Address 6608 Saladino Dr

City Roscoe State IL Zip Code 610739258

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Rockford Fire Dept.

Occupation (for Individual)

Fire Fighter / EMS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M = M	/	D = D	/	Y = Y
01		10		2018

**C27138606**

Amount of Each Receipt this Period

475.00

Memo Item

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

**C. Moffit,Michael,,,**

Mailing Address 1860 Benton Pl

City Lexington State KY Zip Code 405051676

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

M = M	/	D = D	/	Y = Y
01		09		2018

**C27138594**

Amount of Each Receipt this Period

500.00

Memo Item

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

1475.00

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

141933.85

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 98 OF 206

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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.** ,,,,

Mailing Address 1750 New York Avenue, NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M = M 01	/ D = D 24	/ Y = Y Y Y Y 2018
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**C27142476**

Amount of Each Receipt this Period

957.60

 Memo Item

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**B.**

Mailing Address

City	State	Zip Code
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FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M = M	/ D = D	/ Y = Y Y Y Y
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Amount of Each Receipt this Period

 Memo Item

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Date of Receipt

M = M	/ D = D	/ Y = Y Y Y Y
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Amount of Each Receipt this Period

 Memo Item

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

0.00

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

957.60

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

957.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
 (check only one)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

PAGE 99 OF 206

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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)			Date of Disbursement																				
<b>A.</b> ,,,,			<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>22</td><td></td><td></td><td>2019</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	10			22			2019			
M	M	/	D	D	/	Y	Y	Y	Y														
10			22			2019																	
Mailing Address			FEC Identification Number																				
City      State      Zip Code			<table border="1"><tr><td>C</td><td></td></tr><tr><td>SB20191022000000488</td><td></td></tr></table>	C		SB20191022000000488																	
C																							
SB20191022000000488																							
Purpose of Disbursement			Category/Type																				
Candidate Name																							
Office Sought:	<table border="1"><tr><td><input type="checkbox"/></td><td>House</td></tr><tr><td><input type="checkbox"/></td><td>Senate</td></tr><tr><td><input type="checkbox"/></td><td>President</td></tr></table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	<table border="1"><tr><td><input type="checkbox"/></td><td>Primary</td></tr><tr><td><input type="checkbox"/></td><td>General</td></tr><tr><td><input type="checkbox"/></td><td>Other (specify) ▼</td></tr></table>	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify) ▼								
<input type="checkbox"/>	House																						
<input type="checkbox"/>	Senate																						
<input type="checkbox"/>	President																						
<input type="checkbox"/>	Primary																						
<input type="checkbox"/>	General																						
<input type="checkbox"/>	Other (specify) ▼																						
State:	District:																						
Full Name (Last, First, Middle Initial)			Date of Disbursement																				
<b>B.</b>			<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y														
Mailing Address			FEC Identification Number																				
City      State      Zip Code			<table border="1"><tr><td>C</td><td></td></tr><tr><td>SB20191022000000488</td><td></td></tr></table>	C		SB20191022000000488																	
C																							
SB20191022000000488																							
Purpose of Disbursement			Category/Type																				
Candidate Name																							
Office Sought:	<table border="1"><tr><td><input type="checkbox"/></td><td>House</td></tr><tr><td><input type="checkbox"/></td><td>Senate</td></tr><tr><td><input type="checkbox"/></td><td>President</td></tr></table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	<table border="1"><tr><td><input type="checkbox"/></td><td>Primary</td></tr><tr><td><input type="checkbox"/></td><td>General</td></tr><tr><td><input type="checkbox"/></td><td>Other (specify) ▼</td></tr></table>	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify) ▼								
<input type="checkbox"/>	House																						
<input type="checkbox"/>	Senate																						
<input type="checkbox"/>	President																						
<input type="checkbox"/>	Primary																						
<input type="checkbox"/>	General																						
<input type="checkbox"/>	Other (specify) ▼																						
State:	District:																						
Full Name (Last, First, Middle Initial)			Date of Disbursement																				
<b>C.</b>			<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y														
Mailing Address			FEC Identification Number																				
City      State      Zip Code			<table border="1"><tr><td>C</td><td></td></tr><tr><td>SB20191022000000488</td><td></td></tr></table>	C		SB20191022000000488																	
C																							
SB20191022000000488																							
Purpose of Disbursement			Category/Type																				
Candidate Name																							
Office Sought:	<table border="1"><tr><td><input type="checkbox"/></td><td>House</td></tr><tr><td><input type="checkbox"/></td><td>Senate</td></tr><tr><td><input type="checkbox"/></td><td>President</td></tr></table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	<table border="1"><tr><td><input type="checkbox"/></td><td>Primary</td></tr><tr><td><input type="checkbox"/></td><td>General</td></tr><tr><td><input type="checkbox"/></td><td>Other (specify) ▼</td></tr></table>	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify) ▼								
<input type="checkbox"/>	House																						
<input type="checkbox"/>	Senate																						
<input type="checkbox"/>	President																						
<input type="checkbox"/>	Primary																						
<input type="checkbox"/>	General																						
<input type="checkbox"/>	Other (specify) ▼																						
State:	District:																						
SUBTOTAL of Disbursements This Page (optional).....►			<table border="1"><tr><td>100.00</td></tr></table>	100.00																			
100.00																							
TOTAL This Period (last page this line number only).....►			<table border="1"><tr><td>100.00</td></tr></table>	100.00																			
100.00																							

**SCHEDULE L (FEC Form 3X)**

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**AGGREGATION PAGE: LEVIN FUNDS**

SL20191211000002412

NAME OF COMMITTEE (In Full) INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC		
NAME OF ACCOUNT LevinAccount1		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS (a) Itemized .....	3430.0	12100.0
(Use Schedule L-A)		
(b) Unitemized .....	352.0	815.0
(c) Total .....	3782.0	12915.0
2. OTHER RECEIPTS.....	880.0	3310.0
3. TOTAL RECEIPTS .....	4662.0	16225.0
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	130.0	4760.0
(b) Voter ID .....	130.0	3030.0
(c) GOTV .....	130.0	3030.0
(d) Generic Campaign.....	130.0	4260.0
(e) Total.....	0.0	0.0
5. OTHER DISBURSEMENTS.....	130.0	2660.0
6. TOTAL DISBURSEMENTS .....	650.0	17740.0
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	23573.0	25000.0
8. RECEIPTS..... (from Line 3)	4662.0	16225.0
9. SUBTOTAL .....	28235.0	41225.0
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	650.0	17740.0
(From Line 6)		
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9).....	27585.0	23485.0

**SCHEDULE L (FEC Form 3X)**

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**AGGREGATION PAGE: LEVIN FUNDS**

SL20200106000002508

NAME OF COMMITTEE (In Full) INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC		
NAME OF ACCOUNT ABCLevinAccount		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS (a) Itemized .....	3430.0	12100.0
(Use Schedule L-A)		
(b) Unitemized .....	352.0	815.0
(c) Total .....	3782.0	12915.0
2. OTHER RECEIPTS.....	880.0	3310.0
3. TOTAL RECEIPTS .....	<b>4662.0</b>	<b>16225.0</b>
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	130.0	4760.0
(b) Voter ID .....	130.0	3030.0
(c) GOTV .....	130.0	3030.0
(d) Generic Campaign.....	130.0	4260.0
(e) Total.....	0.0	0.0
5. OTHER DISBURSEMENTS.....	130.0	2660.0
6. TOTAL DISBURSEMENTS .....	<b>650.0</b>	<b>17740.0</b>
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	23573.0	25000.0
8. RECEIPTS..... (from Line 3)	4662.0	16225.0
9. SUBTOTAL .....	28235.0	41225.0
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	650.0	17740.0
(From Line 6)		
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9).....	<b>27585.0</b>	<b>23485.0</b>

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

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

PAGE 203 OF 206

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			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>A.</b> Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt  SA2019110700000521
			Amount of Each Receipt this Period 
			Aggregate Year-to-Date 
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>B.</b> Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt  SA2019110700000519
			Amount of Each Receipt this Period 
			Aggregate Year-to-Date 
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>C.</b> Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt  SA2019110700000520
			Amount of Each Receipt this Period 
			Aggregate Year-to-Date 
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>D.</b> Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt  SA2019110700000521
			Amount of Each Receipt this Period 
			Aggregate Year-to-Date 
SUBTOTAL of Receipts This Page (optional)..... ► 			
TOTAL This Period (last page this line number only)..... ► 			

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

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

PAGE 204 OF 206

FOR LINE NUMBER:  
 (check only one)  1a  2

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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 <input type="checkbox"/> Memo Item <b>A.</b> ,,,, Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)		Date of Receipt  11 / 07 / 2019 SA2019110700000526
		Amount of Each Receipt this Period  100.00
		Aggregate Year-to-Date  0.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>B.</b> Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)		Date of Receipt  11 / 07 / 2019 SA2019110700000525
		Amount of Each Receipt this Period  100.00
		Aggregate Year-to-Date  0.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>C.</b> Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)		Date of Receipt  11 / 07 / 2019 SA2019110700000524
		Amount of Each Receipt this Period  100.00
		Aggregate Year-to-Date  0.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>D.</b> Mailing Address City _____ State _____ Zip Code _____ Name of Employer (for Individual) Occupation (for Individual)		Date of Receipt  11 / 07 / 2019 SA2019110700000522
		Amount of Each Receipt this Period  100.00
		Aggregate Year-to-Date  0.00
SUBTOTAL of Receipts This Page (optional)..... ►		 400.00
TOTAL This Period (last page this line number only)..... ►		 0.00

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

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

FOR LINE NUMBER:  1a  2  
(check only one)

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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 <input type="checkbox"/> Memo Item <b>A.</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2019 SA20191107000000523
Mailing Address			Amount of Each Receipt this Period 100.00
City _____ State _____ Zip Code _____			Aggregate Year-to-Date 0.00
Name of Employer (for Individual)			
Occupation (for Individual)			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>B.</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2019 SA20191107000000523
Mailing Address			Amount of Each Receipt this Period 100.00
City _____ State _____ Zip Code _____			Aggregate Year-to-Date 0.00
Name of Employer (for Individual)			
Occupation (for Individual)			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>C.</b>			Date of Receipt M M / D D / Y Y Y Y _____ / _____ / _____
Mailing Address			Amount of Each Receipt this Period _____
City _____ State _____ Zip Code _____			Aggregate Year-to-Date _____
Name of Employer (for Individual)			
Occupation (for Individual)			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item <b>D.</b>			Date of Receipt M M / D D / Y Y Y Y _____ / _____ / _____
Mailing Address			Amount of Each Receipt this Period _____
City _____ State _____ Zip Code _____			Aggregate Year-to-Date _____
Name of Employer (for Individual)			
Occupation (for Individual)			

**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 206 OF 206

(check only one)

4a     4c     5  
 4b     4d

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NAME OF COMMITTEE (In Full) <b>INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC</b>	
--	--

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