

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel S. Endicott	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address 4205 Zurmehly Rd	<b>Transaction ID:</b> 27690334
	City State Zip Code Lima OH 45806-1026	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Lima Fire Dept.	Occupation Fire Fighter / EMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Anthony Ardis	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address 16917 Monica St	<b>Transaction ID:</b> 27690336
	City State Zip Code Detroit MI 48221-2969	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Detroit Fire Dept.	Occupation Fire Fighter / EMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James H. Wilkins	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 3100 Lenover Dr	<b>Transaction ID:</b> 27690337
	City State Zip Code Louisville KY 40216-1913	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Louisville Fire Dept.	Occupation Fire Fighter / EMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	