

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Int'l. Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers (IPAL)

|   |  |                               |   |                    |                               |   |  |   |  |
|---|--|-------------------------------|---|--------------------|-------------------------------|---|--|---|--|
| <p><b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br/> <b>HURLEY, JOHN, ,</b></p> <p>Mailing Address <b>3 HART PLACE</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City<br/><b>SOUTH BOSTON</b></td> <td style="width: 15%;">State<br/><b>MA</b></td> <td style="width: 52%;">Zip Code<br/><b>02127-4208</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)<br/><b>Int'l Association of Iron Workers</b></td> <td style="width: 67%;">Occupation (for Individual)<br/><b>Ironworker</b></td> </tr> </table> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">275.00</span></p> |  |                               | City<br><b>SOUTH BOSTON</b>   | State<br><b>MA</b> | Zip Code<br><b>02127-4208</b> | Name of Employer (for Individual)<br><b>Int'l Association of Iron Workers</b> | Occupation (for Individual)<br><b>Ironworker</b> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2018</span></p> <p><b>Transaction ID : 42206631</b></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">10.00</span></p> <p><input type="checkbox"/> Memo Item</p> |  |
| City<br><b>SOUTH BOSTON</b>   | State<br><b>MA</b>                               | Zip Code<br><b>02127-4208</b> |   |                    |                               |   |  |   |  |
| Name of Employer (for Individual)<br><b>Int'l Association of Iron Workers</b>   | Occupation (for Individual)<br><b>Ironworker</b> |                               |   |                    |                               |   |  |   |  |
| <p><b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;"></span></p>  |  |                               | City  | State              | Zip Code                      | Name of Employer (for Individual)   | Occupation (for Individual)                      | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;"></span></p> <p><input type="checkbox"/> Memo Item</p>  |  |
| City  | State  | Zip Code                      |   |                    |                               |   |  |   |  |
| Name of Employer (for Individual)   | Occupation (for Individual)                      |                               |   |                    |                               |   |  |   |  |
| <p><b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p> <p style="text-align: right;">Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;"></span></p>  |  |                               | City  | State              | Zip Code                      | Name of Employer (for Individual)   | Occupation (for Individual)                      | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;"></span></p> <p><input type="checkbox"/> Memo Item</p>  |  |
| City  | State  | Zip Code                      |   |                    |                               |   |  |   |  |
| Name of Employer (for Individual)   | Occupation (for Individual)                      |                               |   |                    |                               |   |  |   |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>  |  |                               | <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">10.00</span></p>   |                    |                               |   |  |   |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>  |  |                               | <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2864.98</span></p> |                    |                               |   |  |   |  |