

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 131

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 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. O'Neill, Brian, C., ,

Mailing Address 428 Bloomfield Rd

City
Bardstown

State
KY

Zip Code
40004-2009

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2020

Transaction ID : C29237085

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. Taylor, Jeff, , ,

Mailing Address 2326 Hochstrasser Rd

City
Fisherville

State
KY

Zip Code
40023-7447

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2020

Transaction ID : C29241041

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Soroka, Dana, , ,

Mailing Address 80 Pierce St

City
West Boylston

State
MA

Zip Code
01583-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marlborough Fire Dept.

Occupation (for Individual)
Fire Fighter / EMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2020

Transaction ID : C29247749

Amount of Each Receipt this Period

550.00

☐ Memo Item

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

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

1800.00