

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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

A.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Henry Hank Johnson <hr/> Mailing Address 6440 Old Hillandale Drive Suite 262 <hr/> City Lithonia State GA Zip Code 30058 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Hank Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32021452 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee <hr/> Mailing Address P. O. Box 47025 <hr/> City St. Petersburg State FL Zip Code 33743 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. C.W. Bill Young Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32021460 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Niki Tsongas Committee, The <hr/> Mailing Address PO Box 1454 <hr/> City Lowell State MA Zip Code 01853 <hr/> Purpose of Disbursement Contribution Candidate Name Ms. Nicola Tsongas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32021508 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	