

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JACOBS FOR CONGRESS

Full Name (Last, First, Middle Initial)

JACOBS, LAWRENCE, D., , JR.

Mailing Address 38 FRANKLIN ST

City

ANNAPOLIS

State

MD

Zip Code

21401-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDSTAR

Occupation

PHYSICIAN

Receipt For: 2020

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL

Election Cycle-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2019

31

2019

Transaction ID : A104587E6263444DB8E3

Amount of Each Receipt this Period

- 5600.00

☒ Memo Item

REATTRIBUTION FROM

Full Name (Last, First, Middle Initial)

JACOBS, STEPHANIE, , ,

Mailing Address 38 FRANKLIN ST

City

ANNAPOLIS

State

MD

Zip Code

21401-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDSTAR

Occupation

PHYSICIAN

Receipt For: 2020

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL

Election Cycle-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2019

31

2019

Transaction ID : AD631CD19379942AFA6F

Amount of Each Receipt this Period

2800.00

☒ Memo Item

REATTRIBUTION TO

Full Name (Last, First, Middle Initial)

JACOBS, STEPHANIE, , ,

Mailing Address 38 FRANKLIN ST

City

ANNAPOLIS

State

MD

Zip Code

21401-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDSTAR

Occupation

PHYSICIAN

Receipt For: 2020

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2019

31

2019

Transaction ID : A81C863DF21594601B76

Amount of Each Receipt this Period

2800.00

☒ Memo ItemPREVIOUSLY DESIGNATED FOR GENERAL;
REATTRIBUTION TO**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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