

SCHEDULE A (FEC Form 3) **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 ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
JAIME ESCUDER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) ESCUDER, JAIME, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2020		
Mailing Address 406 N. 5TH ST.			Transaction ID : SA11D.4206		
City ALPINE	State TX	Zip Code 79830	Amount of Each Receipt this Period _____ 87.93		
FEC ID number of contributing federal political committee.		C H0TX23219	Memo Item <input type="checkbox"/> In-kind -		
Name of Employer Self-Employed		Occupation Attorney			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 87.93			
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee.		C	Memo Item <input type="checkbox"/>		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____			
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee.		C	Memo Item <input type="checkbox"/>		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 87.93		
TOTAL This Period (last page this line number only)..... ▶			_____ 87.93		