

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)
SEVERSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SEVERSON, DANIEL, MARK, ,

Mailing Address PO BOX 150824

| | | |
|--------------------|-------------|-------------------|
| City CAPE CORAL | State FL | Zip Code 33915 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0FL19130

| | |
|--|--------------------------------------|
| Name of Employer Retired USNR Commander | Occupation Retired USNR Commander |
|--|--------------------------------------|

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
103213.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11D.4312

Amount of Each Receipt this Period

31.95

☒ Memo Item
Candidate In-Kind - Printing

B. Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

0.00

0.00