

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 163

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

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

**A. HUGEL, DIETER, , ,**

Mailing Address 7351 W. ROADWAY

City  
NEW ORLEANS

State  
LA

Zip Code  
70124-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCEAN MARINE INDEMNITY COMPANY

Occupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2019

Transaction ID : SA11A.191393

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
CONTRIBUTION

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

**B. BRISTER, PATRICIA, P., ,**

Mailing Address 924 VILLAGE WALK

City  
COVINGTON

State  
LA

Zip Code  
70433-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ST. TAMMANY PARISH

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 14 / 2019

Transaction ID : SA11A.195975

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEASE, EDWARD, J., DR., III**

Mailing Address 3750 CORDILLERA WAY

City  
EDWARDS

State  
CO

Zip Code  
81632-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CORRECT CARE INC.

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2019

Transaction ID : SA11A.195976

Amount of Each Receipt this Period

7000.00

☐ Memo Item  
CONTRIBUTION

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

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

12400.00