

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

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

FOR LINE NUMBER: PAGE 45 OF 209

(check only one)

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

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NAME OF COMMITTEE (In Full)

SCALISE LEADERSHIP FUND

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

A. SUSSER, SAM, L., ,

Mailing Address 800 N SHORELINE
STE 2200N

City
CORPUS CHRISTI

State
TX

Zip Code
78401-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUSSER HOLDINGS II LP

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2018

Transaction ID : SA11A.17892

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

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

B. GUARDIAN PHARMACY, LLC

Mailing Address 1776 PEACHTREE ST NW
STE 500S

City
ATLANTA

State
GA

Zip Code
30309-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2018

Transaction ID : SA11A.17897

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

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

C. BURKE, FRED, , ,

Mailing Address 171 17TH ST NW
4TH FLR

City
ATLANTA

State
GA

Zip Code
30363-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GUARDIAN PHARMACY

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2018

Transaction ID : SA11A.17905

Amount of Each Receipt this Period

2500.00

☒ Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

12500.00