

# **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)  
**SCALISE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JENSEN, SHARON, , ,**

Mailing Address P.O. BOX 405

City SAVAGE	State MN	Zip Code 55378-0405
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FEC ID number of contributing federal political committee. **C**

Name of Employer SYNERGISTIC SOLUTION	Occupation CPA
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 15 2019

Transaction ID : SA11A.378514

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHNSON, ANDREW, , ,**

Mailing Address 487 ALEXIS DR.

City NEW BERN	State NC	Zip Code 28562-6426
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 15 2019

Transaction ID : SA11A.379018

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHNSON, JUDITH, , ,**

Mailing Address 10431 FOXEN WAY

City HELOTES	State TX	Zip Code 78023-4756
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FEC ID number of contributing federal political committee. **C**

Name of Employer CURO HEALTH SERVICES	Occupation NURSE
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 15 2019

Transaction ID : SA11A.378638

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

110.00