

# **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)  
**ARMENTI, LAWRENCE, , ,**

Mailing Address 18 WILSON AVE.

City NEWARK	State NJ	Zip Code 07105-3215
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation M.D.
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 26 2019

Transaction ID : SA11A.391937

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ASHDOWN, DIANA, , ,**

Mailing Address 2962 FALLEHN DR.

City CORTLAND	State OH	Zip Code 44410-9233
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼  
 550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 26 2019

Transaction ID : SA11A.392549

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BABER, DANIEL, , ,**

Mailing Address 10570 CR 2180

City WHITEHOUSE	State TX	Zip Code 75791-5935
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FEC ID number of contributing federal political committee. **C**

Name of Employer DANIEL BABER M.D. PA	Occupation PHYSICIAN
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 26 2019

Transaction ID : SA11A.392936

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

335.00