

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HONG, HOWARD, , ,

Mailing Address 301 MAPLE AVE
APT 222

City PLAINFIELD State NJ Zip Code 07060-6653

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

Name of Employer RETIRED Occupation RETIRED

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

Election Cycle-to-Date ▼
1150.00

Date of Receipt

M M	D D	Y Y Y Y
10	27	2019

Transaction ID : SA11A.394201

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 13726 IDA AVE

City WARREN State MI Zip Code 48089-5419

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

Name of Employer RETIRED Occupation RETIRED

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

Election Cycle-to-Date ▼
555.00

Date of Receipt

M M	D D	Y Y Y Y
10	27	2019

Transaction ID : SA11A.392398

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 201 EAST GRANT AVE

City MORTON State TX Zip Code 79346-3444

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

Name of Employer COCHRAN MEMORIAL HOSPITAL Occupation PHYSICIAN

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

Election Cycle-to-Date ▼
800.00

Date of Receipt

M M	D D	Y Y Y Y
10	27	2019

Transaction ID : SA11A.392766

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

250.00
