

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

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

FOR LINE NUMBER: PAGE 4780 OF 13096

(check only one)

☒ 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) FRICKEY, ANITA, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2019		
Mailing Address 3070 ONTARIO STREET			Transaction ID : SA11A.410147		
City COLUMBUS	State OH	Zip Code 43224-4250	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 315.00			
B. Full Name (Last, First, Middle Initial) FRICKEY, ANITA, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2019		
Mailing Address 3070 ONTARIO STREET			Transaction ID : SA11A.410148		
City COLUMBUS	State OH	Zip Code 43224-4250	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 315.00			
C. Full Name (Last, First, Middle Initial) FRICKE, KIMBERLY, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2019		
Mailing Address 475 OAK VIEW ROAD			Transaction ID : SA11A.411975		
City NEWCASTLE	State CA	Zip Code 95658-9462	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer SELF EMPLOYED		Occupation OFFICE MANAGER			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 485.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			170.00		
TOTAL This Period (last page this line number only)..... ▶					