

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)

PAGE 7941 OF 13096

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALBERS, EDWARD, , ,

Mailing Address 2887 TWIN OAK PL NW

City SALEM	State OR	Zip Code 97304-1225
---------------	-------------	------------------------

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 ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 30 2019

Transaction ID : SA11A.441527

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALDRICH, RICHARD, , ,

Mailing Address 5411 WHITTIER CT

City INDIANAPOLIS	State IN	Zip Code 46250-2343
----------------------	-------------	------------------------

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

Name of Employer ALLISON TRANSMISSION INC	Occupation PIPE FITTER
--	---------------------------

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

Election Cycle-to-Date ▼
345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 30 2019

Transaction ID : SA11A.437708

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALEXANDER, GREGG, , ,

Mailing Address 4147 NEIL CT

City TALLAHASSEE	State FL	Zip Code 32303-7181
---------------------	-------------	------------------------

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

Name of Employer SELF	Occupation PHYSICIAN
--------------------------	-------------------------

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

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 30 2019

Transaction ID : SA11A.441408

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

520.00