

# **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)  
**PERRY, EARL, , ,**

Mailing Address 7612 RED MOUNTAIN DR.

City RIVERSIDE	State CA	Zip Code 92509-5404
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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 ▼  
250.00

Date of Receipt

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

Transaction ID : SA11A.441943

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PERRY, JUDITH, , MS.,**

Mailing Address 6 MILES RD

City HAMPDEN	State ME	Zip Code 04444-4731
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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 ▼  
1530.00

Date of Receipt

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

Transaction ID : SA11A.441867

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PETERSON, KIRSTEN, , ,**

Mailing Address 13068 CHARLSTON WAY

City ROSEMOUNT	State MN	Zip Code 55068-5029
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼  
330.00

Date of Receipt

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

Transaction ID : SA11A.437583

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

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

85.00