

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

Full Name (Last, First, Middle Initial)

A.**TAYLOR, JEANNIE, , ,**

Mailing Address P.O. BOX 614

City

PANACEA

State

FL

Zip Code

32346-0614

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2019			

Transaction ID : SA11A.444896

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION
B.

Full Name (Last, First, Middle Initial)

TAYLOR, KATHY, , ,

Mailing Address 1919 VILLA DR.

City

ARTESIA

State

NM

Zip Code

88210-1644

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 ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2019			

Transaction ID : SA11A.445022

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION
C.

Full Name (Last, First, Middle Initial)

TAYLOR, RICHARD, , ,

Mailing Address 2320 MASSEY LANE

City

DECATUR

State

GA

Zip Code

30033-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTA WOMENS HEALTHCARE

Occupation

OB-GYN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2019			

Transaction ID : SA11A.445010

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

75.00

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