

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 10539 OF 13096

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

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NAME OF COMMITTEE (In Full)

SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

TESTANI, JOSEPH, , ,

A.

Mailing Address 90 BAY ST LANDING
8I

City
STATEN ISLAND

State
NY

Zip Code
10301-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOWNSTATE MEDICAL CENTER

Occupation
HEALTHCARE ADMINISTRATION

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2019

Transaction ID : SA11A.463547

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TESTANI, JOSEPH, , ,

B.

Mailing Address 90 BAY ST LANDING
8I

City
STATEN ISLAND

State
NY

Zip Code
10301-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOWNSTATE MEDICAL CENTER

Occupation
HEALTHCARE ADMINISTRATION

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2019

Transaction ID : SA11A.463548

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TESTANI, JOSEPH, , ,

C.

Mailing Address 90 BAY ST LANDING
8I

City
STATEN ISLAND

State
NY

Zip Code
10301-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOWNSTATE MEDICAL CENTER

Occupation
HEALTHCARE ADMINISTRATION

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2019

Transaction ID : SA11A.464490

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

105.00

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