

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 10807 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)
PALM, WAYNE, , ,

Mailing Address BOX 158

City ALBIN	State WY	Zip Code 82050-0158
---------------	-------------	------------------------

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 ▼
 650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 18 2019

Transaction ID : SA11A.463825

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PALMER, MICHELE, , ,

Mailing Address 7916 WEST PROSPECT RD.

City HILLSBORO	State OH	Zip Code 45133-7481
-------------------	-------------	------------------------

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

Name of Employer CCH	Occupation HOSPICE NURSE
-------------------------	-----------------------------

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

Election Cycle-to-Date ▼
 205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 18 2019

Transaction ID : SA11A.462747

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PALMER, MICHELE, , ,

Mailing Address 7916 WEST PROSPECT RD.

City HILLSBORO	State OH	Zip Code 45133-7481
-------------------	-------------	------------------------

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

Name of Employer CCH	Occupation HOSPICE NURSE
-------------------------	-----------------------------

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

Election Cycle-to-Date ▼
 205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 18 2019

Transaction ID : SA11A.464382

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

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

140.00