

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11855 OF 13096

(check only one)

<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

A. Full Name (Last, First, Middle Initial)
YEGANEI, KAMBIZ, , ,

Mailing Address 501 BEALE ST
14A

City SAN FRANCISCO	State CA	Zip Code 94105-5017
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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 ▼
2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2019

Transaction ID : SA11A.472147

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASHDOWN, DIANA, , ,

Mailing Address 2962 FALLEHN DR.

City CORTLAND	State OH	Zip Code 44410-9233
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2019

Transaction ID : SA11A.472056

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BABER, DANIEL, , ,

Mailing Address 10570 CR 2180

City WHITEHOUSE	State TX	Zip Code 75791-5935
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FEC ID number of contributing federal political committee. **C**

Name of Employer DANIEL BABER M.D. PA	Occupation PHYSICIAN
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2019

Transaction ID : SA11A.472173

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

400.00
