

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AINLEY, PATRICIA A, , ,

Mailing Address P.O. BOX 3908

City
CRESTLINEState
CAZip Code
92325Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I21741

☐ Memo Item**B. AINLEY, PATRICIA A, , ,**

Mailing Address P.O. BOX 3908

City
CRESTLINEState
CAZip Code
92325Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I21742

☐ Memo Item**C. AINLEY, PATRICIA A, , ,**

Mailing Address P.O. BOX 3908

City
CRESTLINEState
CAZip Code
92325Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I21743

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

250.00

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