

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

PAGE 12978 OF 13096

<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

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

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
11	26	2019

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I21760

☐ Memo Item

Full Name (Last, First, Middle Initial)

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
11	26	2019

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I21761

☐ Memo Item

Full Name (Last, First, Middle Initial)

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
11	26	2019

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I21762

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

155.00

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