

**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. AHLADAS, LINDA, , ,**

Mailing Address 964 AUTUMN HARVEST DRIVE

City  
VIRGINIA BEACHState  
VAZip Code  
23464Purpose 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
12		24		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I21731

☐ 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
12		24		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I21753

☐ 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
12		24		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I21754

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

250.00

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