

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

PAGE 13073 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

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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
12	24	2019

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I21755

☐ 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.I21756

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BENEDICT, STEPHAN, , ,**Mailing Address 34-21 77TH STREET  
302City  
JACKSON HEIGHTSState  
NYZip Code  
11372Purpose 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

10.00

Transaction ID : SB20A.I21819

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

210.00

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