

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

PAGE 421 OF 4103

<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

Full Name (Last, First, Middle Initial)

BRYAN, FREDERICK, , ,

Mailing Address 8980 INDIAN RIDGE LN

City

CINCINNATI

State

OH

Zip Code

45243-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2019

Transaction ID : SA11A.234318

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CECIL, WILIAM, , ,

Mailing Address 1675 SHORES BLVD

City

ROCKWALL

State

TX

Zip Code

75087-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1085.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2019

Transaction ID : SA11A.233666

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHABOT, MICHAEL, , ,

Mailing Address 1006 CLAYMARK DRIVE

City

SAINT LOUIS

State

MO

Zip Code

63131-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORTHOPEDIC SPECIALISTS

Occupation

PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2019

Transaction ID : SA11A.233994

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

625.00

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