

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

HARDEN, TIM, , ,

A.

Mailing Address 6434 MIMOSA LANE

City

DALLAS

State

TX

Zip Code

75230-5137

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 ▼

915.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 30 2019

Transaction ID : SA11A.261597

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARDEN, TIM, , ,

B.

Mailing Address 6434 MIMOSA LANE

City

DALLAS

State

TX

Zip Code

75230-5137

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 ▼

915.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 30 2019

Transaction ID : SA11A.261598

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARFORD, DON, , ,

C.

Mailing Address 3244 HIDDEN LAKE DRIVE EAST

City

JACKSONVILLE

State

FL

Zip Code

32216-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC OF FLORIDA

Occupation

ARCHITECT

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 30 2019

Transaction ID : SA11A.261570

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

150.00