

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

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

FOR LINE NUMBER: PAGE 2425 OF 4103

(check only one)

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

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)

NAUTA, HARING, , ,

Mailing Address 7936 213TH ST E

City

BRADENTON

State

FL

Zip Code

34202-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF LOUISVILLE

Occupation

NEUROSURGEON

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2019

Transaction ID : SA11A.262405

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NAUTA, HARING, , ,

Mailing Address 7936 213TH ST E

City

BRADENTON

State

FL

Zip Code

34202-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF LOUISVILLE

Occupation

NEUROSURGEON

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2019

Transaction ID : SA11A.264027

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NEWKIRK, MARILEE, , ,

Mailing Address P O BOX 545

31684 MIDDLE BRIDGE AVE.

City

WARSAW

State

MO

Zip Code

65355-0545

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 ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2019

Transaction ID : SA11A.263108

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

130.00

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