

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)

PAGE 2917 OF 4103

☒ 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

A. Full Name (Last, First, Middle Initial)
BREITHAUPT, PAUL, , ,

Mailing Address 2025 SWAN DR.

City COSTA MESA	State CA	Zip Code 92626-4741
--------------------	-------------	------------------------

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 ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : SA11A.270303

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BREITHAUPT, PAUL, , ,

Mailing Address 2025 SWAN DR.

City COSTA MESA	State CA	Zip Code 92626-4741
--------------------	-------------	------------------------

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 ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : SA11A.270666

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIGGS, WILLIAM, , ,

Mailing Address 22 HAINES MILL RD

City RIVERSIDE	State NJ	Zip Code 08075-1715
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MASTER-LEE DECON SERVICES	Occupation DIVISION MANAGER
---	--------------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : SA11A.270673

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

205.00