

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

SCALISE FOR CONGRESS

ADDRESS (number and street)

PO BOX 23219

Check if different than previously reported. (ACC)

JEFFERSON

LA

70183-3219

2. FEC IDENTIFICATION NUMBER

C C00394957

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

LA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 01/01/2015

through

MM/DD/YYYY 03/31/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BENJAMIN OTTENHOFF

Signature of Treasurer BENJAMIN OTTENHOFF

[Electronically Filed]

Date

MM/DD/YYYY 06/10/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SCALISE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	124840.00	138935.61
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	124840.00	138935.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	304552.48	584956.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	2330.95	2530.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	302221.53	582425.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	667164.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SCALISE FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	93500.00	106250.00
(ii) Unitemized.....	1800.00	1900.00
(iii) TOTAL of contributions from individuals ▶	95300.00	108150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	29540.00	30785.61
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	124840.00	138935.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	361470.22	361470.22
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2330.95	2530.95
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	281.90	281.90
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	488923.07	503218.68

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	304552.48	584956.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	304552.48	588956.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	482793.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	488923.07
25. SUBTOTAL (add Line 23 and Line 24).....	971716.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	304552.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	667164.50

**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 5 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Kevin D. Adams

Mailing Address 1729 Lakeshore Drive

City State Zip Code
Mandeville LA 70448

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

Name of Employer Occupation
CGB Enterprises, Inc. Business Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : SA11AI.27025

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Donald Allen

Mailing Address 409 Foxfire Ct.

City State Zip Code
Joplin MO 64801

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

Name of Employer Occupation
Keller Williams Realty - SW MO Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : SA11AI.27934

Amount of Each Receipt this Period
 500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Davis Alphin

Mailing Address 615 N. Razorback Road

City State Zip Code
Fayetteville AR 72701

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

Name of Employer Occupation
Bassett Mix & Associates Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : SA11AI.27923

Amount of Each Receipt this Period
 500.00

Memo Item
Earmarked through Votesane PAC

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

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

3600.00

**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 6 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Judy Appleby

Mailing Address 617 North End Avenue

City Seaside Park State NJ Zip Code 08752

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

Name of Employer Appleby Realty Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27865

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
 Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Christina Banasiak

Mailing Address 166 Wild Dunes Way

City Jackson State NJ Zip Code 08527

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

Name of Employer Weichert Realtors-Marlboro Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27889

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
 Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
DENA BATTLE

Mailing Address 1106 DARTMOUTH ROAD

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer CAPITOL COUNSEL Occupation LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.27060

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 2500.00

**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 7 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kacy Bell

Mailing Address 5205 E. 88th Pl.

City State Zip Code
Tulsa OK 74137

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

Name of Employer Occupation
Keller Williams Realty Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 02 / 2015

Transaction ID : SA11AI.27913

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Lysi Bishop

Mailing Address 1030 W. Parkhill Dr.

City State Zip Code
Boise ID 83702

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

Name of Employer Occupation
Keller Williams Realty Boise Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 08 / 2015

Transaction ID : SA11AI.27948

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
DOYCE BOESCH

Mailing Address 4515 W STREET, NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
BOESCH & COMPANY GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : SA11AI.27019

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1250.00

**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 8 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christi Borden

Mailing Address 12223 Calico Falls Lane

City State Zip Code
Houston TX 77041

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

Name of Employer Occupation
BHGRE Gary Greene Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.27867

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Ralph Brennan

Mailing Address 550 Bienville St.

City State Zip Code
New Orleans LA 70130

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

Name of Employer Occupation
Ralph Brennan Restaurant Group President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 18 / 2015

Transaction ID : SA11AI.27018

Amount of Each Receipt this Period
2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Joel N Broussard

Mailing Address 300 Rue Beauregard Building A

City State Zip Code
Lafayette LA 70508

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

Name of Employer Occupation
Gulf Offshore Logistics, LLC Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : SA11AI.27022

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4100.00

**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 9 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chance Brown

Mailing Address 12815 Sherlock Acres

City Tomball State TX Zip Code 77377

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

Name of Employer Realty One Group - Lone Star Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11AI.27928

Amount of Each Receipt this Period
 500.00

Memo Item
 Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Ray Burton

Mailing Address 704 Cypress Street

City Greensboro State NC Zip Code 27405

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

Name of Employer Triad Investors Realty, Inc. Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27859

Amount of Each Receipt this Period
 500.00

Memo Item
 Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Virginia Butler

Mailing Address 2125 Via Rivera

City Palos Verdes Estates State CA Zip Code 90274

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

Name of Employer Coldwell Banker-PV/Bch. Cities Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27883

Amount of Each Receipt this Period
 500.00

Memo Item
 Earmarked through Votesane PAC

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

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

1500.00

**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 10 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elwood F. Cahill Jr.

Mailing Address 909 Poydras Street
Suite 2800

City State Zip Code
New Orleans LA 70112

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sher Garner Cahill Richter Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.27021

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Nicholas E. Calio

Mailing Address 1301 Pennsylvania Avenue, NW
Suite 1100

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Airlines for America President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.27974

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Thomas Carnahan

Mailing Address 22020 Ventura Blvd.

City State Zip Code
Woodland Hills CA 91364

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Broker In Trust Real Estate Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.27899

Amount of Each Receipt this Period

Memo Item
Earmarked through Votesane PAC

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

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

**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 11 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald Cika

Mailing Address 8320 W. Sunrise Blvd.
Suite 104

City Weston State FL Zip Code 33322

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

Name of Employer Coral Shores Realty Inc. Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.27952

Amount of Each Receipt this Period
2000.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Ernie L. Clark

Mailing Address 1012 S. Church St.

City Brookhaven State MS Zip Code 39601

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

Name of Employer Ernie L. Clark Real Estate Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27903

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
James M. Clary

Mailing Address 18909 N. 98th St.

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Clary Executive Benefits, LLC Occupation Life Insurance & Executive Benefits

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.27824

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

4000.00

**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 12 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J. Danny Cooper

Mailing Address 3066 Zelda Road #202

City Montgomery State AL Zip Code 36106

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

Name of Employer Birmingham Assn of Realtors Occupation Executive Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11Al.27879

Amount of Each Receipt this Period
500.00

Memo Item
 Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Scott H Cooper

Mailing Address P.O. Box 1566

City Mobile State AL Zip Code 36633

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

Name of Employer Cooper/T.Smith Corporation Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : SA11Al.27033

Amount of Each Receipt this Period
2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Joseph DiVito

Mailing Address 7295 Salvia Court

City Arvada State CO Zip Code 80007

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

Name of Employer Re/Max Alliance Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11Al.27861

Amount of Each Receipt this Period
500.00

Memo Item
 Earmarked through Votesane PAC

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 13 OF 221
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
F. C. Felterman Jr.

Mailing Address P.O. Box 189

City Patterson State LA Zip Code 70392

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11AI.27049

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Elizabeth Frazee

Mailing Address 6313 Evermay Drive

City McLean State VA Zip Code 22101

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

Name of Employer TwinLogic Strategies LLP Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.27977

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jill Furtado

Mailing Address 612 Dania St.

City Palmdale State CA Zip Code 93551

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

Name of Employer Berkshire Hathaway HS Troth Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : SA11AI.27915

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

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

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

1250.00

**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 14 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christopher Galler

Mailing Address 5750 Lincoln Drive

City Edina State MN Zip Code 55436

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

Name of Employer Minnesota Assoc. of Realtors Occupation Staff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27863

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
James Gamble

Mailing Address 1020 Westover Road

City Kansas City State MO Zip Code 64113

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

Name of Employer Reece & Nichols Southgate Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11AI.27926

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Marge Garvey

Mailing Address 56 Tokalon Place

City Metairie State LA Zip Code 70001

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

Name of Employer Rodi Realty, Inc. Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2015

Transaction ID : SA11AI.27946

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked through Votesane PAC

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

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

2500.00

**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 15 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeffrey Goldring

Mailing Address 6041 Laurel St.

City State Zip Code
New Orleans LA 70118

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

Name of Employer Occupation
Sazerac Company, Inc. Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11AI.27029

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Karen Greenwood

Mailing Address 1810 Farmbrook Drive

City State Zip Code
Troy MI 48098

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

Name of Employer Occupation
Coldwell Banker Weir Manuel Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27893

Amount of Each Receipt this Period
 1000.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Gregory J Hamer

Mailing Address PO Drawer 3608

City State Zip Code
Morgan City LA 70381

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

Name of Employer Occupation
B & G Food Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.28086

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

3600.00

**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 16 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael K. Henry

Mailing Address 6346 32nd Street, NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer Alpine Group	Occupation Lobbyist
----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.27969

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Carole Horn

Mailing Address 202 Flagstone Ct.

City Lafayette	State LA	Zip Code 70503
-------------------	-------------	-------------------

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

Name of Employer Van Eaton & Romero, LLC	Occupation Real Estate Broker
---	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27901

Amount of Each Receipt this Period
1500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Dana Hybl

Mailing Address 1065 Brighton Drive

City Carol Stream	State IL	Zip Code 60188
----------------------	-------------	-------------------

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

Name of Employer CARE Real Estate	Occupation Real Estate Broker
--------------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27873

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

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

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

3000.00

**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 17 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Byron D. Johnson

Mailing Address 2100 Rue Simone

City Hammond State LA Zip Code 70403

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

Name of Employer Self Employed Occupation State Farm Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.28083

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ulrike Johnson

Mailing Address P.O. Box 870564

City Wasilla State AK Zip Code 99687

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

Name of Employer Double Eagle Real Estate Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.27897

Amount of Each Receipt this Period
1500.00

Memo Item
 Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Joel Kaplan

Mailing Address 3809 Leland Street

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Facebook, Inc. Occupation VP Global Policy

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : SA11AI.27040

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2750.00

**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 18 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Jo Kenney

Mailing Address 1493 Fama Dr.

City Atlanta State GA Zip Code 30329

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

Name of Employer Keller Williams Realty Metro A Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : SA11AI.27932

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Janice Kirkner

Mailing Address 1208 Nottingham Drive

City Westminster State MD Zip Code 21157

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

Name of Employer Long & Foster Real Estate Inc. Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27881

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Connie Kyle

Mailing Address 818 Woodleigh Drive

City Baton Rouge State LA Zip Code 70810

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

Name of Employer CJ Brown Perkins Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27871

Amount of Each Receipt this Period
1500.00

Memo Item
Earmarked through Votesane PAC

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

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

2500.00

**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 19 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Vincent Leisey

Mailing Address 13340 California Street
Suite 101

City Omaha State NE Zip Code 68154

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

Name of Employer BHHS Ambassador Real Estate Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : SA11AI.27911

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
MARBURY LITTLE

Mailing Address 300 BROCKENBRAUGH COURT

City METAIRIE State LA Zip Code 70005

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

Name of Employer DERBES-TATJE, REALTORS Occupation REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015

Transaction ID : SA11AI.27921

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Eva Loken

Mailing Address 101 Wolf Drive

City Eagle River State AK Zip Code 99577

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

Name of Employer Jack White Eagle River Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : SA11AI.27917

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

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

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

2000.00

**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 20 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Scott Louser

Mailing Address 1718 Birch Place

City State Zip Code
Minot ND 58701

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

Name of Employer Occupation
Preferred Minot Real Estate Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.27891

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Michael A. Marchese Jr.

Mailing Address 2210 6th Street

City State Zip Code
Mandeville LA 70471

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

Name of Employer Occupation
LMG Transportation, LLC Sales Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.28098

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dennis Mason

Mailing Address 313 Peninsula Drive

City State Zip Code
Lake Almanor CA 96137

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

Name of Employer Occupation
Smith Properties Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.27930

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

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

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

1250.00

**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 21 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Danielle M Maurer

Mailing Address 5040 36th Street, N

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Fierce, Isakowitz, & Blalock Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.27966

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Danielle M Maurer

Mailing Address 5040 36th Street, N

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Fierce, Isakowitz, & Blalock Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.27967

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gregory Maurer

Mailing Address 5040 36th Street, N

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Facebook, Inc. Public Policy

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.27975

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6200.00

**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 22 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Maurin

Mailing Address 109 Northpark Blvd.
Suite 300

City State Zip Code
Covington LA 70433

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

Name of Employer Occupation
Stirling Properties Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : SA11AI.27052

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James M. McKeone

Mailing Address 18 Shipyard Drive
Suite 3B

City State Zip Code
Hingham MA 02043

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

Name of Employer Occupation
Institutional Insurance Group Senior Managing Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11AI.27819

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John Meisenbach

Mailing Address 1325 4th Avenue
Suite 2100

City State Zip Code
Seattle WA 98101

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

Name of Employer Occupation
MCM Insurance Provider

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : SA11AI.27059

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4600.00

**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 23 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barry Mele

Mailing Address 1866 Hood Avenue

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Mele Printing Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2015

Transaction ID : SA11AI.27020

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Paula Miller

Mailing Address 12 Cress Run Circle

City Shepherdstown State WV Zip Code 25443

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

Name of Employer BMS Realty Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11AI.27941

Amount of Each Receipt this Period
500.00

Memo Item
 Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
MARK MOODY

Mailing Address 5525 HUNTER LANE

City TANNER State AL Zip Code 35671

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

Name of Employer MARMAC REAL ESTATE Occupation REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.27887

Amount of Each Receipt this Period
500.00

Memo Item
 Earmarked through Votesane PAC

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

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

1500.00

**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 24 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Norman Morris

Mailing Address 662 Wheatsheaf Dr.

City State Zip Code
Baton Rouge LA 70810

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

Name of Employer Occupation
Louisiana Realtors Assoc. Staff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : SA11AI.27919

Amount of Each Receipt this Period
1500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Denise Morrisey

Mailing Address 7400 Park Terrace Drive

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Capitol Counsel Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.28093

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Denise Morrisey

Mailing Address 7400 Park Terrace Drive

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Capitol Counsel Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.28094

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

6700.00

**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 25 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas O'Neal

Mailing Address P.O. Box 356

City State Zip Code
Choudrant LA 71227

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

Name of Employer Occupation
Hercules Transport Inc. Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : SA11AI.27051

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark R Paoletta

Mailing Address 6714 Marbo Court

City State Zip Code
Falls Church VA 22046

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

Name of Employer Occupation
DLA Piper Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.28092

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kenny Parcell

Mailing Address 665 East 820 South

City State Zip Code
Salem UT 84653

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

Name of Employer Occupation
Equity Real Estate Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

Transaction ID : SA11AI.27907

Amount of Each Receipt this Period
2000.00

Memo Item
Earmarked through Votesane PAC

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

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

6600.00

**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 26 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PHIL PARK

Mailing Address 1601 MADDUX LANE

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
ALTRIA CLIENT SERVICES DIRECTOR OF FEDERAL GOVERNMENT AF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11AI.27314

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Matthew H. Phillips

Mailing Address 2 Mulberry Lane

City State Zip Code
New Rochelle NY 10804

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

Name of Employer Occupation
Winged Keel Group Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015

Transaction ID : SA11AI.27038

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robyn Ring

Mailing Address 317 Sylvan Street

City State Zip Code
Chattanooga TN 37405

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

Name of Employer Occupation
River City Property Management Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11AI.27936

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

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

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

2000.00

**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 27 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robyn Ring

Mailing Address 317 Sylvan Street

City State Zip Code
Chattanooga TN 37405

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

Name of Employer Occupation
River City Property Management Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11AI.27938

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Matthew Ritchie

Mailing Address 1268 Dorchester Drive

City State Zip Code
Alexandria LA 71303

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

Name of Employer Occupation
Ritchie Real Estate Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27869

Amount of Each Receipt this Period
1500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Bruce Roberts

Mailing Address 5725 Lakefront Drive

City State Zip Code
Shreveport LA 71119

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

Name of Employer Occupation
Roberts Property Management Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2015

Transaction ID : SA11AI.27909

Amount of Each Receipt this Period
1500.00

Memo Item
Earmarked through Votesane PAC

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

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

3500.00

**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 28 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bart Robertson

Mailing Address 10417 Brimfield Drive

City Austin State TX Zip Code 78726

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

Name of Employer Microsoft Occupation Solutions Architect

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA11AI.27031

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Alejandro Sagebien

Mailing Address 5606 Garden Point Drive

City Kingwood State TX Zip Code 77345

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

Name of Employer Hess Corporation Occupation Safety

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.27970

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gary Schraut

Mailing Address 9860 Domingo Drive

City Brooksville State FL Zip Code 34601

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

Name of Employer Century 21 Alliance Realty Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2015

Transaction ID : SA11AI.27905

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

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

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

2800.00

**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 29 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Leah Selig

Mailing Address 1410 Sykes Creek Dr.

City Merritt Island State FL Zip Code 32953

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

Name of Employer Space Coast Realtors Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA11AI.27939

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Joan T. Seramur

Mailing Address P.O. Box 128

City Minocqua State WI Zip Code 54548

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

Name of Employer Williams Realty of Minocqua Occupation Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.27855

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RHOD SHAW

Mailing Address 230 W WINDSOR AVE

City ALEXANDRIA State VA Zip Code 22301

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

Name of Employer ALPINE GROUP Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA11AI.27816

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

**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 30 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Skiffington

Mailing Address 942 Blooming Glen Rd.

City State Zip Code
Perkasie PA 18944

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

Name of Employer Occupation
Re/Max 440 Perkasie Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11AI.27950

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Bonnie Smith

Mailing Address P.O. Box 7097

City State Zip Code
Breckenridge CO 80424

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

Name of Employer Occupation
Exclusive Mtn Retreats R.E. Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27875

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
STEPHEN F STUMPF

Mailing Address 817 HICKORY AVENUE

City State Zip Code
HARAHAN LA 70123

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

Name of Employer Occupation
DURR HEAVY CONSTRUCTION CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.27979

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

3600.00

**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 31 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kent Thompson

Mailing Address 6411 Vanderslice Lane

City Lincoln State NE Zip Code 68516

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

Name of Employer Coldwell Banker Commercial Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA11AI.27943

Amount of Each Receipt this Period
500.00

Memo Item
 Earmarked through Votesane PAC

B. Full Name (Last, First, Middle Initial)
Shane Tubre

Mailing Address 36439 S. Winding Ridge Dr.

City Prairieville State LA Zip Code 70769

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

Name of Employer Shadetree Realty Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.27830

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Laurie Urbigkit

Mailing Address 857 South Lincoln

City Casper State WY Zip Code 82601

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

Name of Employer ACMS Realty Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.27877

Amount of Each Receipt this Period
500.00

Memo Item
 Earmarked through Votesane PAC

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

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

2300.00

**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 32 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Vanderbrook

Mailing Address 6401 York Street

City State Zip Code
Metairie LA 70006

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

Name of Employer Occupation
Self CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : SA11AI.27016

Amount of Each Receipt this Period
2600.00

Memo Item
In-kind - Accounting Services

B. Full Name (Last, First, Middle Initial)
Mary Van Ness

Mailing Address 6720 N. West Ave.

City State Zip Code
Fresno CA 93711

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

Name of Employer Occupation
Fresno Assoc. of Realtors Staff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.27895

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked through Votesane PAC

C. Full Name (Last, First, Middle Initial)
Irma Vargas

Mailing Address 2319 Pier

City State Zip Code
Santa Monica CA 90405

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

Name of Employer Occupation
Tierra Properties Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.27885

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked through Votesane PAC

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

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

4100.00

**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 33 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VOTESANE PAC

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA11AI.27857

Amount of Each Receipt this Period
 26500.00

Memo Item
 Total Earmarked through Conduit. PAC Limit Not Affected.

B. Full Name (Last, First, Middle Initial)
VOTESANE PAC

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.27945

Amount of Each Receipt this Period
 4000.00

Memo Item
 Total Earmarked through Conduit. PAC Limit Not Affected.

C. Full Name (Last, First, Middle Initial)
VOTESANE PAC

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA11AI.27925

Amount of Each Receipt this Period
 5000.00

Memo Item
 Total Earmarked through Conduit. PAC Limit Not Affected.

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

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

0.00

**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 34 OF 221
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Whelan

Mailing Address 77 Woodstone Drive

City Mandeville State LA Zip Code 70471

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

Name of Employer Self Employed Occupation Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2015

Transaction ID : SA11AI.27032

Amount of Each Receipt this Period
 2600.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

2600.00

93500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 221
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Mailing Address 1650 DIAGONAL ROAD

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11C.27955

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.28223

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

Mailing Address 1090 VERMONT AVE., NW
SUITE 500

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11C.27956

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

7000.00

**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 36 OF 221
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City State Zip Code
SCHAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015

Transaction ID : SA11C.27056

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CONOCOPHILLIPS SPIRIT PAC

Mailing Address 720 N. PLAZA OFFICE BUILDING

City State Zip Code
BARTLESVILLE OK 74004

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.27954

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
COX ENTERPRISES PAC (COXPAC) INC.

Mailing Address 975 F STREET, NW SUITE 300

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11C.27044

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

4500.00

**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 37 OF 221
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015

Transaction ID : SA11C.27057

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11C.27048

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)

Mailing Address 1015 15TH ST. NW SUITE 200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11C.28218

Amount of Each Receipt this Period
140.00

Memo Item
In-kind - Fundraising Cost

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

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

7640.00

**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 38 OF 221
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)

Mailing Address 1015 15TH ST. NW SUITE 200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015

Transaction ID : SA11C.28215

Amount of Each Receipt this Period
 90.00

Memo Item
 In-kind - Fundraising Cost

B. Full Name (Last, First, Middle Initial)
ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)

Mailing Address 1015 15TH ST. NW SUITE 200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 580.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11C.28220

Amount of Each Receipt this Period
 210.00

Memo Item
 In-kind - Fundraising Cost

C. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address 409 12TH STREET, SW

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11C.27045

Amount of Each Receipt this Period
 2500.00

Memo Item
 In-kind - Fundraising Cost

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

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

2800.00

**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 39 OF 221
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1 COCA-COLA PLAZA NW

City ATLANTA State GA Zip Code 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 8600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11C.27058

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 700 13TH STREET NW, SUITE 350

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA11C.27047

Amount of Each Receipt this Period
 5000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

7600.00

29540.00

**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 40 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCALISE LEADERSHIP FUND

Mailing Address 317 15TH ST NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00568162

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1501.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27053

Amount of Each Receipt this Period
 1501.90

Memo Item

B. Full Name (Last, First, Middle Initial)
SCALISE LEADERSHIP FUND

Mailing Address 317 15TH ST NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00568162

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 296172.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA12.27363

Amount of Each Receipt this Period
 294670.82

Memo Item

C. Full Name (Last, First, Middle Initial)
Al A Gonsoulin

Mailing Address 10 Muirfield Way

City Sugar Land State TX Zip Code 77479

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

Name of Employer Occupation
 Petroleum Helicopters Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.0

Amount of Each Receipt this Period
 2600.00

Memo Item

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

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

296172.72

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

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

FOR LINE NUMBER: PAGE 41 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alan Leonhard Jr.

Mailing Address 185 Eask Oakridge Park

City State Zip Code
Metairie LA 70005

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

Name of Employer Occupation
HISTORIC RESTORATION INC VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA12.27363.1

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Alan Franco

Mailing Address 1005 Falcon Road

City State Zip Code
Metairie LA 70005

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

Name of Employer Occupation
Magnolia Marketing Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.2

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Anthony Zelenka

Mailing Address 62 Magnolia Ridge Dr.

City State Zip Code
Madisonville LA 70447

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

Name of Employer Occupation
Bertucci Contracting Corp. Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.3

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

**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 42 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
B. V. Brooks

Mailing Address 542 Westport Ave.

City Norwalk	State CT	Zip Code 06851
-----------------	-------------	-------------------

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

Name of Employer Brooks, Torrey & Scott Inc	Occupation President
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.4

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Barry J. Boudreaux

Mailing Address 431 Bellview St.

City River Ridge	State LA	Zip Code 70123
---------------------	-------------	-------------------

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

Name of Employer Intercoastal Marine Repair	Occupation Executive Vice President
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.5

Amount of Each Receipt this Period
2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bob R. Brooks

Mailing Address 1107 North Pitt Street Unit 2C

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Alpine Group	Occupation Vice President
----------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : SA12.27363.6

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 43 OF 221
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
C MARKHAM DICKSON

Mailing Address P.O. BOX 51367

City State Zip Code
SHREVEPORT LA 71135

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

Name of Employer Occupation
MORRIS & DICKSON CO. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.7

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cecil Blache

Mailing Address 1555 St. Rose Ave.

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer Occupation
Roedel, Parsons, Hill & Coch Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.8

Amount of Each Receipt this Period
 2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cemil Teber

Mailing Address 185 Fieldstone Edge

City State Zip Code
Alpharette GA 30005

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

Name of Employer Occupation
TAFS President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015

Transaction ID : SA12.27363.9

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 44 OF 221
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cesar Alvarez

Mailing Address 333 SE 2nd Ave.
44th Floor

City Miami State FL Zip Code 33131

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

Name of Employer Greenburg Traurig, LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27363.10

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHARLIE MCBRIDE

Mailing Address 1776 K STREET, NW

City WASHINGTON State DC Zip Code 20006

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

Name of Employer WILEY REIN, LLP Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2015

Transaction ID : SA12.27363.11

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charlotte Bollinger

Mailing Address P.O. Box 250

City Lockport State LA Zip Code 70374

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

Name of Employer Bollinger Shipyards, Inc. Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2015

Transaction ID : SA12.27363.12

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 45 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Corbin J. Robertson Jr.

Mailing Address 601 Jefferson
Suite 3600

City State Zip Code
Houston TX 77002

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

Name of Employer Occupation
Quintana Minerals Chairman & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA12.27363.13

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cory H Kief

Mailing Address 721 Rosedown Drive

City State Zip Code
Thibodaux LA 70301-8044

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

Name of Employer Occupation
Crosby Tugs Director of Business Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : SA12.27363.14

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cynthia M. Stevens

Mailing Address 424 N. Alfred St.

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA12.27363.15

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

0.00

**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 46 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dan Haeuser		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015
Mailing Address 1555 Poydras St. Suite 1600		Transaction ID : SA12.27363.16
City State Zip Code New Orleans LA 70112	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Jackson Kearney Group President	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. DANIEL P. MEYER		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2015
Mailing Address 2506 DANBURY ST.		Transaction ID : SA12.27363.17
City State Zip Code ALEXANDRIA VA 22308	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation THE DUBERSTEIN GROUP VICE PRESIDENT	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Darren Willcox		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2015
Mailing Address 10711 Falls Pointe Drive		Transaction ID : SA12.27363.18
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation W Strategies Manager	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

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

FOR LINE NUMBER: PAGE 47 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Kerstein

Mailing Address 228 St. Charles Ave.
Suite 902

City State Zip Code
New Orleans LA 70130

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.19

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
David Ratcliffe

Mailing Address 1425 Wesley Walk, NW

City State Zip Code
Atlanta GA 30327

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA12.27363.20

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Don Darcourt

Mailing Address 5000 Academy Dr.

City State Zip Code
Metairie LA 70003

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
20.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2015

Transaction ID : SA12.27363.21

Amount of Each Receipt this Period
20.00

Memo Item

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

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

0.00

**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 48 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Don G. Briggs

Mailing Address 211 Leicester

City Lafayette State LA Zip Code 70508

FEC ID number of contributing federal political committee.

Name of Employer Louisiana Oil & Gas Assoc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.22

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Donald Bollinger

Mailing Address P.O. Box 250

City Lockport State LA Zip Code 70374

FEC ID number of contributing federal political committee.

Name of Employer Bollinger Shipyards Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.23

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Donald F. DeBoisblanc Sr.

Mailing Address 410 S. Rampart

City New Orleans State LA Zip Code 70112

FEC ID number of contributing federal political committee.

Name of Employer The DeBoisblanc Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.24

Amount of Each Receipt this Period

Memo Item

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

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

**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 49 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DREW MALONEY

Mailing Address 3020 MACOMB STREET, NE

City WASHINGTON State DC Zip Code 20008

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

Name of Employer HESS CORPORATION Occupation VP, GOVERNMENT & EXTERNAL AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA12.27363.25

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
E. Courtney Reinhard

Mailing Address 4372 Harnester Farm Lane

City Fairfax State VA Zip Code 22032

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

Name of Employer Verizon Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.26

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Edward Boettner

Mailing Address 812 Gravier Street Suite 200

City New Orleans State LA Zip Code 70112

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

Name of Employer HRI Properties Occupation Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.27

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

**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 50 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD L DONALDSON Jr.

Mailing Address 2960 EAST GAUSE BLVD.

City State Zip Code
SLIDELL LA 70461

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

Name of Employer Occupation
SELF EMPLOYED DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 23 / 2015

Transaction ID : SA12.27363.28

Amount of Each Receipt this Period
650.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Edward Diefenthal

Mailing Address 480 Woodvine Ave.

City State Zip Code
Metairie LA 70005

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

Name of Employer Occupation
WOODVINE GROUP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.29

Amount of Each Receipt this Period
2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
E.J. Deubler

Mailing Address 3600 Lake Ontario Dr.

City State Zip Code
Harvey LA 70058

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

Name of Employer Occupation
Deubler Electric Owner/Electrician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.30

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

**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 51 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elna Dease

Mailing Address 73153 Military Road

City State Zip Code
Covington LA 70435

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : SA12.27363.31

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FARIDA BAIG

Mailing Address 39328 MAGNOLIA TRACE

City State Zip Code
PONCHATOULA LA 70454

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.32

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Frederick J. Plaeger

Mailing Address 1111 Bagby
Sky Lobby 2

City State Zip Code
Houston TX 77002

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

Name of Employer Occupation
EOG Resources, Inc. Business Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA12.27363.33

Amount of Each Receipt this Period
500.00

Memo Item

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

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

0.00

**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 52 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gary Chouest

Mailing Address P.O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer **EDISON CHOUEST** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2015

Transaction ID : SA12.27363.34

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
George Turek

Mailing Address 199 N. Tranquil Path

City The Woodlands State TX Zip Code 77380

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : SA12.27363.35

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Glen Guillot

Mailing Address 13 Teton St.

City Kenner State LA Zip Code 70065

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

Name of Employer **Triple G Express, Inc.** Occupation **Executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.36

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

**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 53 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gregory J Hamer

Mailing Address PO Drawer 3608

City State Zip Code
Morgan City LA 70381

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

Name of Employer Occupation
B & G Food Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : SA12.27363.37

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gregory Reggio

Mailing Address 3000 48th St.

City State Zip Code
Metairie LA 70001

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

Name of Employer Occupation
The Taste Buds Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : SA12.27363.38

Amount of Each Receipt this Period
 2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Harry A. Warner

Mailing Address P.O. Box 1550

City State Zip Code
Mandeville LA 70470

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

Name of Employer Occupation
P&W INDUSTRIES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.39

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 54 OF 221
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Henry Powell

Mailing Address P.O. Box 1109

City State Zip Code
Pontchatula LA 70454

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

Name of Employer Occupation
Powell & Associates Insurance Insurance agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.40

Amount of Each Receipt this Period
 200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Holloway Frost

Mailing Address 602 Pinehaven

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27363.41

Amount of Each Receipt this Period
 2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
J. PATRICK CAVE

Mailing Address 5009 UPTON STREET, NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
THE CYPRESS GROUP MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.42

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 55 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James D. Dannenbaum

Mailing Address 3100 W. Alabama Street

City State Zip Code
Houston TX 77098

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

Name of Employer Occupation
Dannenbaum Engineering President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA12.27363.43

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jim Nickel

Mailing Address 308 Cornell Ave.

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer Occupation
Courson Nickel Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : SA12.27363.44

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
James D. Rogers

Mailing Address 340 Crosscreek Drive

City State Zip Code
Bossier City LA 71111

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

Name of Employer Occupation
Doug Rogers Inc. Insurance Broker & Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.45

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

**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 56 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James J Buquet

Mailing Address P.O. Box 7053

City Houma State LA Zip Code 70361

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

Name of Employer Buquet Distributing Company Occupation Beer Wholesaler

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.46

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jason Schendle

Mailing Address 301 Massachusetts Avenue NW Apt. 804

City Washington State DC Zip Code 20001

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

Name of Employer Alpine Group Occupation Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015

Transaction ID : SA12.27363.47

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jim Bracewell

Mailing Address 20 Plantation Drive

City Atlanta State GA Zip Code 30324

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

Name of Employer The Bracewell Group Occupation Consulting

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.48

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

0.00

**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 57 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN BECKER

Mailing Address 200 FOUNTAIN STREET

City State Zip Code
MANDEVILLE LA 70448

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

Name of Employer Occupation
BECKER SUFFERN MCLANAHAN, LTD. CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.49

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
John G. Rangos Sr.

Mailing Address 701 Osprey Point Circle

City State Zip Code
Boca Raton FL 33431

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.50

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John L. Nau III

Mailing Address P.O. Box 130130

City State Zip Code
Houston TX 77219

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

Name of Employer Occupation
Silver Eagle Distributors President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.51

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

**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 58 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH MCMAHON III

Mailing Address 4705 MARSEILLES PLACE

City State Zip Code
METAIRIE LA 70002

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27363.52

Amount of Each Receipt this Period
650.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Joshua Saltzman

Mailing Address 8647 Northbend Circle

City State Zip Code
Easton MD 21601

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

Name of Employer Occupation
Airlines for America VP, Global Government Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015

Transaction ID : SA12.27363.53

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
June L. Dehart

Mailing Address 635 S. Columbus St.

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Manatt Phelps Best Efforts

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.54

Amount of Each Receipt this Period
500.00

Memo Item

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

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

0.00

**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 59 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Karl A. Beier		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 28183 Main St.		Transaction ID : SA12.27363.55	
City Lacombe	State LA	Zip Code 70445	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Beier Radio, LLC	Occupation Chariman/President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) B. Kathaleen Wall		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 12 / 2015	
Mailing Address 602 Pinehaven		Transaction ID : SA12.27363.56	
City Houston	State TX	Zip Code 77024	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) C. Katie Zirkelbach		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2015	
Mailing Address 1740 R Street, NW		Transaction ID : SA12.27363.57	
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Anthem	Occupation Sr. Director Congressional Affairs		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 60 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
L. CLAY SPENCER

Mailing Address 1225 1ST ST

City State Zip Code
NEW ORLEANS LA 70130

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

Name of Employer Occupation
SIMMONS PLATING AND GRINDING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2015

Transaction ID : SA12.27363.58

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
L. LANE GRIGSBY

Mailing Address P.O. BOX 104

City State Zip Code
BATON ROUGE LA 70821

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

Name of Employer Occupation
CAJUN CONSTRUCTORS CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2015

Transaction ID : SA12.27363.59

Amount of Each Receipt this Period
2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lampkin Butts

Mailing Address 8 Laurawood Court

City State Zip Code
Laurel MS 39443

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

Name of Employer Occupation
Sanderson Farms President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.60

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

**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 61 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Byron Leblanc

Mailing Address 143 Glenwood Dr.

City State Zip Code
Metairie LA 70005-3911

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

Name of Employer Occupation
LEBLANC & SCHUSTER PUBLIC RELA PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : SA12.27363.61

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Giorgio Leon Jr.

Mailing Address P.O. Box 75010

City State Zip Code
Metairie LA 70033

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

Name of Employer Occupation
Select Properties, Ltd. President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.62

Amount of Each Receipt this Period
 2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEVERE C. MONTGOMERY Jr.

Mailing Address 6 DOGWOOD DRIVE

City State Zip Code
COVINGTON LA 70433

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

Name of Employer Occupation
MONTGOMERY VENTURES LTD PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : SA12.27363.63

Amount of Each Receipt this Period
 2600.00

Memo Item

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

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

0.00

**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 62 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEVERE C. MONTGOMERY Jr.

Mailing Address **6 DOGWOOD DRIVE**

City **COVINGTON** State **LA** Zip Code **70433**

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

Name of Employer **MONTGOMERY VENTURES LTD** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : SA12.27363.64

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Linda Turek

Mailing Address **199 N. Tranquil Path**

City **The Woodlands** State **TX** Zip Code **77380**

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : SA12.27363.65

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lisbeth Lyons

Mailing Address **1210 R Street, NW**
Apt. 206

City **Washington** State **DC** Zip Code **20009**

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

Name of Employer **Printing Industries of America** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA12.27363.66

Amount of Each Receipt this Period
250.00

Memo Item

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

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

0.00

**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 63 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LUCAS HATZIS

Mailing Address 115 C STREET, SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer: CAPITOL COUNSEL, LLC Occupation: CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 100.00

Date of Receipt: 03 / 18 / 2015

Transaction ID : SA12.27363.67

Amount of Each Receipt this Period: 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
M. Pres Kabacoff

Mailing Address 812 Gravier Street Suite 200

City New Orleans State LA Zip Code 70112

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

Name of Employer: CEO Occupation: HRI PROPERTIES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 03 / 16 / 2015

Transaction ID : SA12.27363.68

Amount of Each Receipt this Period: 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MARKHAM A DICKSON JR

Mailing Address P.O. BOX 51367

City SHREVEPORT State LA Zip Code 71135

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 02 / 20 / 2015

Transaction ID : SA12.27363.69

Amount of Each Receipt this Period: 2700.00

Memo Item

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

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

0.00

**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 64 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARTIN CANCIENNE

Mailing Address P.O. BOX 36

City State Zip Code
BELLE ROSE LA 70341

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

Name of Employer Occupation
BMC CONSULTING GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.70

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MICHAEL CHAPPELL

Mailing Address 5400 MACOMB ST. NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
FIERCE ISAKOWITZ PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : SA12.27363.71

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael Chappell

Mailing Address 2818 University Terrace, NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Fierce Government Relations Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : SA12.27363.72

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 65 OF 221
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Cormaci

Mailing Address 228 Blue Crane Dr.

City State Zip Code
Slidell LA 70461

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

Name of Employer Occupation
Watch Systems Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.73

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Michael Cormaci

Mailing Address 228 Blue Crane Dr.

City State Zip Code
Slidell LA 70461

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

Name of Employer Occupation
Watch Systems Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.74

Amount of Each Receipt this Period
 700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael A Melancon

Mailing Address 116 W 107th St

City State Zip Code
Cut Off LA 70345

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

Name of Employer Occupation
OFFSHORE LIFT BOATS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.75

Amount of Each Receipt this Period
 2600.00

Memo Item

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

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

0.00

**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 66 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL T. GRAY

Mailing Address P.O. BOX 6202

City State Zip Code
METAIRIE LA 70009

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

Name of Employer Occupation
GRAY INSURANCE CO. INSURANCE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.76

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MYRTIS L. NIMS

Mailing Address 9924 DEBRA DRIVE

City State Zip Code
RIVER RIDGE LA 70123

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.77

Amount of Each Receipt this Period
 2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PAUL DICKSON

Mailing Address P.O. BOX 51367

City State Zip Code
SHREVEPORT LA 71135

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

Name of Employer Occupation
MORRIS & DICKSON CO., LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.78

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

**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 67 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul Flower

Mailing Address 1000 S. Jefferson Davis Pkwy.

City New Orleans	State LA	Zip Code 70125
---------------------	-------------	-------------------

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

Name of Employer Woodward Design Build	Occupation CEO
---	-------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.79

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 10623 JONES STREET SUITE 101-A

City FAIRFAX	State VA	Zip Code 22030
-----------------	-------------	-------------------

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

Name of Employer Best efforts	Occupation Best efforts
----------------------------------	----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.80

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Paul J Ross

Mailing Address 9411 Prestonwood Circle

City Shreveport	State LA	Zip Code 71115
--------------------	-------------	-------------------

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

Name of Employer Bobcat Pipe & Supply	Occupation Owner
--	---------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.81

Amount of Each Receipt this Period
1300.00

Memo Item

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

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

0.00

**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 68 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RHOD SHAW

Mailing Address 230 W WINDSOR AVE

City State Zip Code
ALEXANDRIA VA 22301

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALPINE GROUP PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.82

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Richard Flick

Mailing Address 321 Bellaire Drive

City State Zip Code
New Orleans LA 70124

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Banner Chevrolet Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.83

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard Lipsey

Mailing Address 1 Lakewood Dr.

City State Zip Code
Baton Rouge LA 70810

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lipsey's Inc. Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.84

Amount of Each Receipt this Period

Memo Item

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

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

**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 69 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Wells

Mailing Address 5456 Peachtree Blvd.

City Chamblee State GA Zip Code 30341

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.85

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Robert Reily

Mailing Address P.O. Box 60296

City New Orleans State LA Zip Code 70160

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.86

Amount of Each Receipt this Period
 2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ROY COFFEE III

Mailing Address 3209 THORNAPPLE ST

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer LOCKE LORD STRATEGIES, LP Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.87

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

0.00

**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 70 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RYAN LONG

Mailing Address 16 S. LEXINGTON STREET

City ARLINGTON State VA Zip Code 22204

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

Name of Employer BGR GROUP Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015

Transaction ID : SA12.27363.88

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sammy Zito

Mailing Address 732 Rural St.

City River Ridge State LA Zip Code 70123

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

Name of Employer Zito Companies Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2015

Transaction ID : SA12.27363.89

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Shane Guidry

Mailing Address 701 Poydras St.

City New Orleans State LA Zip Code 70139

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

Name of Employer Harvey Gulf Inter. Marine Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.90

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

0.00

**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 71 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shirley Dannenbaum

Mailing Address P.O. Box 22292

City State Zip Code
Houston TX 77227

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : SA12.27363.91

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Simone Bruni

Mailing Address 6246 Memphis St.

City State Zip Code
New Orleans LA 70124

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

Name of Employer Occupation
Demo Diva, LLC Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2015

Transaction ID : SA12.27363.92

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STEVE WHITE

Mailing Address 4830 LINE AVE #135

City State Zip Code
SHREVEPORT LA 71106

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

Name of Employer Occupation
SELF EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.93

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

**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 72 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEWART JEFFRIES

Mailing Address 1102 E. CAPITOL STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer GOOGLE, INC.	Occupation POLICY COUNSEL
----------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : SA12.27363.94

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TIMOTHY RUPLI

Mailing Address 6627 HOLLAND STREET

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer RUPLI & ASSOCIATES, INC.	Occupation CONSULTANT
--	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.95

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Will Hollier

Mailing Address 12707 Westbrook Dr.

City Fairfax	State VA	Zip Code 22030
-----------------	-------------	-------------------

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

Name of Employer Hollier & Associates	Occupation Lobbyist
--	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015

Transaction ID : SA12.27363.96

Amount of Each Receipt this Period
500.00

Memo Item

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

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

0.00

**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 73 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Courson

Mailing Address 12451 Highland Rd.

City Baton Rouge State LA Zip Code 70810

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

Name of Employer Courson Nickel Occupation Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.97

Amount of Each Receipt this Period
1300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. William St. John Lacorte

Mailing Address 519 Metairie Rd.

City Metairie State LA Zip Code 70005

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.98

Amount of Each Receipt this Period
2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
William Nungesser

Mailing Address P.O. Box 7264

City Belle Chasse State LA Zip Code 70037

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

Name of Employer Plaquemines Parish Occupation Parish President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.99

Amount of Each Receipt this Period
650.00

Memo Item

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

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

0.00

**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 74 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM R BURK III

Mailing Address 4176 CANAL ST

City State Zip Code
NEW ORLEANS LA 70119

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

Name of Employer Occupation
BURK KLEINPETER ENGINEERS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.100

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wyche T. Coleman III

Mailing Address 10088 St. Bernard Dr.

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.101

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NEW ORLEANS REGIONAL PHYSICIAN HOSPITAL ORGANIZATION INC PAC ('PHNPAC')

Mailing Address 3838 N CAUSEWAY BOULEVARD STE 2200

City State Zip Code
METAIRIE LA 70002

FEC ID number of contributing federal political committee. **C** C00470260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.102

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 75 OF 221
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 98000

City State Zip Code
LAFAYETTE LA 70509

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27363.103

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 20 F ST NW, STE 1000
ATTN: SARA MORSE

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.104

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICA

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.105

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

0.00

**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 76 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AFLAC PAC

Mailing Address **WORLDWIDE HEADQUARTERS**
1932 WYNNNTON ROAD

City **COLUMBUS** State **GA** Zip Code **31999**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.106

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address **1625 MASSACHUSETTS AVE. NW**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA12.27363.107

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ALPHA NATURAL RESOURCES, INC. POLITICAL ACTION COMMITTEE

Mailing Address **1301 PENNSYLVANIA AVE., NW**
SUITE 404

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00348524**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : SA12.27363.108

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 77 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

A. Mailing Address 1445 NEW YORK AVENUE NW
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA12.27363.109

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE

Mailing Address 1101 17 Street N.W. Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : SA12.27363.110

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE

Mailing Address 1101 17 Street N.W. Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.111

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 78 OF 221
(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

A. Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES POLITICAL ACTION COMMITTEE

Mailing Address 1101 17 Street N.W. Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27363.112

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N ST NW

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27363.113

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.114

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 79 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH ST. NW
SUITE 802

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2015

Transaction ID : SA12.27363.115

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 428 TRAVIS ST

City SHREVEPORT State LA Zip Code 71101

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : SA12.27363.116

Amount of Each Receipt this Period
2600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ANTHEM, INC. POLITICAL ACTION COMMITTEE (ANTHEM PAC)

Mailing Address 120 MONUMENT CIRCLE

City INDIANAPOLIS State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : SA12.27363.117

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

**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 80 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARPAC

Mailing Address **451 FLORIDA STREET**
BANK ONE CENTRE N TOWER 19TH FLOOR

City **BATON ROUGE** State **LA** Zip Code **70801**

FEC ID number of contributing federal political committee. **C C00226472**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : SA12.27363.118

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address **208 S. AKARD STREET**
SUITE 2701

City **DALLAS** State **TX** Zip Code **75202**

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA12.27363.119

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE

Mailing Address **1710 SIXTH AVENUE NORTH**

City **BIRMINGHAM** State **AL** Zip Code **35203**

FEC ID number of contributing federal political committee. **C C00358440**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA12.27363.120

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 0.00

**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 81 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLESSEY MARINE SERVICE, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1515 RIVER OAKS ROAD EAST

City HARAHAN State LA Zip Code 70123

FEC ID number of contributing federal political committee. **C** C00409789

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.121

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BLESSEY MARINE SERVICE, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1515 RIVER OAKS ROAD EAST

City HARAHAN State LA Zip Code 70123

FEC ID number of contributing federal political committee. **C** C00409789

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.122

Amount of Each Receipt this Period
 2400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')

Mailing Address ONE BOSTON SCIENTIFIC PLACE

City NATICK State MA Zip Code 01760

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.123

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

0.00

**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 82 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Mailing Address 401 C ST NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00435933**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : SA12.27363.124

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BRIDGEPOINT EDUCATION INC. PAC

Mailing Address 13500 EVENING CREEK DR. NORTH SUITE 600

City State Zip Code
SAN DIEGO CA 92128

FEC ID number of contributing federal political committee. **C C00478404**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.125

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BUFFALO WILD WINGS INC POLITICAL ACTION COMMITTEE (BWWPAC)

Mailing Address 5500 WAYZATA BLVD SUITE 1600

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing federal political committee. **C C00492157**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27363.126

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 83 OF 221
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CENTURYLINK INC. EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 150 Fayetteville Street Mall
Suite 2810

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27363.127

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 12405 POWERSCOURT DRIVE

City ST. LOUIS State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.128

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORPORATION FED PAC

Mailing Address PO BOX 18496

City OKLAHOMA CITY State OK Zip Code 73154

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.129

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

0.00

**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 84 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHICAGO BRIDGE & IRON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1050 K STREET, NW
SUITE 620

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.130

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27363.131

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CRESCENT RIVER PORT PILOTS ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE/CRPPA FED PAC

Mailing Address 8712 HWY 23

City BELLE CHASSE State LA Zip Code 70037

FEC ID number of contributing federal political committee. **C** C00221077

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.132

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 85 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

A. Mailing Address 8400 WESTPARK DRIVE

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2015

Transaction ID : SA12.27363.133

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (EWPAC)

B. Mailing Address ONE EDWARDS WAY

City State Zip Code
IRVINE CA 92614

FEC ID number of contributing federal political committee. **C** C00411900

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA12.27363.134

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
ENTRUST INC POLITICAL ACTION COMMITTEE

C. Mailing Address 16633 Dallas Parkway
Suite 800

City State Zip Code
Addison TX 75001

FEC ID number of contributing federal political committee. **C** C00373787

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.135

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

**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 86 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EQUIFAX INC. POLITICAL ACTION COMMITTEE

Mailing Address 1550 PEACHTREE STREET NW

City ATLANTA	State GA	Zip Code 30309
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00143867

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2015

Transaction ID : SA12.27363.136

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City INDIANAPOLIS	State IN	Zip Code 46220
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27363.137

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS	State TN	Zip Code 38120
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015

Transaction ID : SA12.27363.138

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

**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 87 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 Pennsylvania Ave NW
Suite 900W

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2015

Transaction ID : SA12.27363.139

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HALLIBURTON COMPANY PAC

Mailing Address 801 17TH ST NW 10TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.140

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HUMANA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1776 EYE STREET NW
Suite 890

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.141

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

0.00

**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 88 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCGLINCHEY STAFFORD POLITICAL ACTION COMMITTEE (MACPAC)

Mailing Address 643 MAGAZINE ST

City State Zip Code
NEW ORLEANS LA 70130

FEC ID number of contributing federal political committee. **C** C00168120

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.142

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MCGUIREWOODS LLP

Mailing Address ONE JAMES CENTER
901 E. CARY STREET

City State Zip Code
RICHMOND VA 23219

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.143

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 1095 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10036

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27363.144

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 89 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 200 PEACH STREET
P.O. BOX 7000

City State Zip Code
EL DORADO AR 71731

FEC ID number of contributing federal political committee. **C** C00145722

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA12.27363.145

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ALLIANCE OF FOREST OWNERS POLITICAL ACTION COMMITTEE (NAFO PAC)

Mailing Address 122 C STREET NW
SUITE 630

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00469080

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.146

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA12.27363.147

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

0.00

**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 90 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL THOROUGHBRED RACING ASSOCIATION POLITICAL ACTION COMMITTEE/HORSE PAC

Mailing Address 2525 HARRODSBURG ROAD

City Lexington State KY Zip Code 40504

FEC ID number of contributing federal political committee. **C** C00360008

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.148

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1915 REXFORD ROAD

City Charlotte State NC Zip Code 28211

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.149

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27363.150

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

0.00

**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 91 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE

Mailing Address 400 N. WASHINGTON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00004994

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : SA12.27363.151

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PLUM CREEK TIMBER COMPANY, INC. PAC (PLUM CREEK PAC)

Mailing Address 601 UNION STREET
SUITE 3100

City State Zip Code
SEATTLE WA 98101

FEC ID number of contributing federal political committee. **C** C00255224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.152

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
POTLATCH EMPLOYEES POLITICAL FUND

Mailing Address 601 WEST FIRST AVENUE
SUITE 1600

City State Zip Code
SPOKANE WA 99201

FEC ID number of contributing federal political committee. **C** C00041608

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.153

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 92 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PRAXAIR, INC. POLITICAL ACTION COMMITTEE

Mailing Address 39 OLD RIDGEBURY ROAD
PO BOX 2958

City DANBURY State CT Zip Code 06813

FEC ID number of contributing federal political committee. **C** C00283440

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2015

Transaction ID : SA12.27363.154

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

Mailing Address 1301 K STREET, NW
SUITE 800W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : SA12.27363.155

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PRINTING INDUSTRIES OF AMERICA

Mailing Address 1001 G STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00018028

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA12.27363.156

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 93 OF 221
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAYONIER INC. GOOD GOVERNMENT COMMITTEE

Mailing Address **ONE ENTERPRISE CENTER**
225 WATER STREET, SUITE 1400

City **JACKSONVILLE** State **FL** Zip Code **32202**

FEC ID number of contributing federal political committee. **C C00451757**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA12.27363.157

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address **633 N. ST. CLAIR ST.**
24TH FLOOR

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C C00381459**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA12.27363.158

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SOUTHEASTERN LUMBER MANUFACTURERS ASSOC POLITICAL ACTION COMMITTEE

Mailing Address **200 GREENCASTLE ROAD**

City **TYRONE** State **GA** Zip Code **30290**

FEC ID number of contributing federal political committee. **C C00128678**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.159

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

**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 94 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1 COCA-COLA PLAZA NW

City ATLANTA State GA Zip Code 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.160

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1 COCA-COLA PLAZA NW

City ATLANTA State GA Zip Code 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.161

Amount of Each Receipt this Period
 4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TOTAL SYSTEM SERVICES, INC. PAC (TSYS PAC)

Mailing Address P.O. BOX 1755

City COLUMBUS State GA Zip Code 31902

FEC ID number of contributing federal political committee. **C** C00441980

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.162

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

0.00

**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 95 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TRINITY INDUSTRIES EMPLOYEE POLITICAL ACTION COMMITTEE (SF) INC.

Mailing Address 2525 STEMMONS FREEWAY

City State Zip Code
DALLAS TX 75207

FEC ID number of contributing federal political committee. **C** C00268904

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.163

Amount of Each Receipt this Period
 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TROUTMAN SANDERS LLP POLITICAL ACTION COMMITTEE

Mailing Address 600 PEACHTREE STREET
SUITE 5200

City State Zip Code
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C** C00311142

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27363.164

Amount of Each Receipt this Period
 1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015

Transaction ID : SA12.27363.165

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

0.00

**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 96 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : SA12.27363.166

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
US CELLULAR POLITICAL ACTION COMMITTEE

Mailing Address 8410 W. BRYN MAWR

City CHICAGO State IL Zip Code 60631

FEC ID number of contributing federal political committee. **C C00336057**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.167

Amount of Each Receipt this Period
4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
US CELLULAR POLITICAL ACTION COMMITTEE

Mailing Address 8410 W. BRYN MAWR

City CHICAGO State IL Zip Code 60631

FEC ID number of contributing federal political committee. **C C00336057**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.168

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

0.00

**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 97 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 22945

City State Zip Code
HIALEAH FL 33002

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.169

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M STREET
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27363.170

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 9777
CH-3D21

City State Zip Code
FEDERAL WAY WA 98063

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.171

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

0.00

**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 98 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27363.172

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WPX ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1001 17TH STREET SUITE 1200

City	State	Zip Code
DENVER	CO	80202

FEC ID number of contributing federal political committee. **C** C00502518

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27363.173

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MURRAY CALHOUN

Mailing Address 217 BROCKENBRAUGH CT

City	State	Zip Code
METAIRIE	LA	70005

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

Name of Employer	Occupation
MAC-RE, LLC	OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2015

Transaction ID : SA12.27363.174

Amount of Each Receipt this Period
 _____ 2600.00

Memo Item

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

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

_____ 0.00

**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 99 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alex Hinson

Mailing Address 3804 Montclair Road

City Birmingham State AL Zip Code 35213

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

Name of Employer Resource Management Service Occupation Senior Portfolio Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.175

Amount of Each Receipt this Period
 4.31

Memo Item

B. Full Name (Last, First, Middle Initial)
Audrie Langston

Mailing Address 4272 Cahaba Bend

City Trussville State AL Zip Code 35173

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

Name of Employer Resource Management Service Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.176

Amount of Each Receipt this Period
 5.02

Memo Item

C. Full Name (Last, First, Middle Initial)
Charlie Cornish

Mailing Address 1540 Wareview Court

City Watkinsville State GA Zip Code 30677

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

Name of Employer Resource Management Service Occupation Senior VP Resource Planning

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.177

Amount of Each Receipt this Period
 4.60

Memo Item

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

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

0.00

**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 100 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chuck R. Watrous

Mailing Address 196 Woodlands Green Dr.

City	State	Zip Code
Brandon	MS	39047

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

Name of Employer	Occupation
Resource Management Service	District Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 45.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.178

Amount of Each Receipt this Period
 _____ 45.08

Memo Item

B. Full Name (Last, First, Middle Initial)
Craig F. Blair

Mailing Address 1400 Shea Harbor Drive

City	State	Zip Code
Tuscaloosa	AL	35406

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

Name of Employer	Occupation
Resource Management Service	President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 209.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.179

Amount of Each Receipt this Period
 _____ 209.63

Memo Item

C. Full Name (Last, First, Middle Initial)
Dale E. Weizenecker

Mailing Address 256 Highland Park Drive

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
Resource Management Service	Manager, Forest Operations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 175.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.180

Amount of Each Receipt this Period
 _____ 175.82

Memo Item

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

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

_____ 0.00

**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 101 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Danny Norman

Mailing Address 5006 Lake Shore Drive

City Pell City	State AL	Zip Code 35128
-------------------	-------------	-------------------

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

Name of Employer Resource Management Service	Occupation Sr. Portfolio Manager, Brazil
---	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 20.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.181

Amount of Each Receipt this Period
 _____ 20.09

Memo Item

B. Full Name (Last, First, Middle Initial)
David Titzer

Mailing Address 11448 Waterstone Loop Drive

City Windermere	State FL	Zip Code 34786
--------------------	-------------	-------------------

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

Name of Employer Resource Management Service	Occupation Sr. VP International Investments
---	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 15.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.182

Amount of Each Receipt this Period
 _____ 15.07

Memo Item

C. Full Name (Last, First, Middle Initial)
Dennis Dubose

Mailing Address 7223 N. Highfield Lane

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer Resource Management Service	Occupation Executive VP & CFO
---	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 69.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.183

Amount of Each Receipt this Period
 _____ 69.13

Memo Item

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

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

_____ 0.00

**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 102 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Don Kimberly		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 212 Windrose Drive		Transaction ID : SA12.27363.184	
City Brandon	State MS	Zip Code 39110	Amount of Each Receipt this Period 8.15
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Western Region Land Sale Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8.15		

Full Name (Last, First, Middle Initial) B. Doug Bowling		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 65 Wilder Way		Transaction ID : SA12.27363.185	
City Millbrook	State AL	Zip Code 36054	Amount of Each Receipt this Period 14.81
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Manager, Alabama Region		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14.81		

Full Name (Last, First, Middle Initial) C. E. Phillips Woods		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 1125 Kingswood Rd.		Transaction ID : SA12.27363.186	
City Birmingham	State AL	Zip Code 35242	Amount of Each Receipt this Period 180.34
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Executive VP, North & South America		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 180.34		

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

**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 103 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edwin L. Sweeten

Mailing Address 209 Surreywood Lane

City Blythewood State SC Zip Code 29016

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

Name of Employer Resource Management Service Occupation Executive VP, Acquisition & Land Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **180.33**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.187

Amount of Each Receipt this Period
180.33

Memo Item

B. Full Name (Last, First, Middle Initial)
Gary Beacher

Mailing Address 52 Southwind Road

City Natchez State MS Zip Code 39120

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

Name of Employer Resource Management Service Occupation Manager, Louisiana Region

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **19.75**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.188

Amount of Each Receipt this Period
19.75

Memo Item

C. Full Name (Last, First, Middle Initial)
Glen Crumpton

Mailing Address 220 Anna Creek Drive

City Helena State AL Zip Code 35080

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

Name of Employer Resource Management Service Occupation Manager, IT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **37.22**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA12.27363.189

Amount of Each Receipt this Period
37.22

Memo Item

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

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

0.00

**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 104 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Glenn Cleveland

Mailing Address 2006 Watermill Lane

City Birmingham State AL Zip Code 35242

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

Name of Employer Resource Management Service Occupation Manager, Forest Inventory

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12.35**

Date of Receipt **03 / 09 / 2015**

Transaction ID : SA12.27363.190

Amount of Each Receipt this Period **12.35**

Memo Item

B. Full Name (Last, First, Middle Initial)
James Bullock

Mailing Address 1351 Bogue Chitto Road, SE

City Bogue Chitto State MS Zip Code 39629

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

Name of Employer Resource Management Service Occupation Sr. VP, Sustainability

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12.84**

Date of Receipt **03 / 09 / 2015**

Transaction ID : SA12.27363.191

Amount of Each Receipt this Period **12.84**

Memo Item

C. Full Name (Last, First, Middle Initial)
Joey Ferguson

Mailing Address 67 Greenbriar Avenue

City Pawleys Island State SC Zip Code 29585

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

Name of Employer Resource Management Service Occupation Manager, South Carolina

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10.04**

Date of Receipt **03 / 09 / 2015**

Transaction ID : SA12.27363.192

Amount of Each Receipt this Period **10.04**

Memo Item

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

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

0.00

**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 105 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Louis Mitchell Coffee III

Mailing Address 109 Hermosa Drive

City Homewood State AL Zip Code 35209

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

Name of Employer Resource Management Service Occupation Global Acquisition Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
45.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.193

Amount of Each Receipt this Period
45.08

Memo Item

B. Full Name (Last, First, Middle Initial)
Mary Kay Greer

Mailing Address 1001 Emerald Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer Resource Management Service Occupation Manager, Client Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
45.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.194

Amount of Each Receipt this Period
45.08

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael Hamilton

Mailing Address 401 Elkins Lake

City Huntsville State TX Zip Code 77340

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

Name of Employer Resource Management Service Occupation Manager, Texas

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27363.195

Amount of Each Receipt this Period
10.04

Memo Item

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

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

0.00

**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 106 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul A. Lambert

Mailing Address 2746 Greenridge Lane

City State Zip Code
Jay FL 32565

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Resource Management Service Harvest Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.196

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Phillip L. Glassco

Mailing Address 1031 Blue Heron Point

City State Zip Code
Birmingham AL 35242

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Resource Management Service Forest Systems Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.197

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
RJ Peeler III

Mailing Address 242 Odum Crest Lane

City State Zip Code
Hoover AL 35226

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Resource Management Service Manager, Silviculture

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.198

Amount of Each Receipt this Period

Memo Item

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

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

**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 107 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Toombs		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 155 Fairhavents Drive		Transaction ID : SA12.27363.199	
City Brandon	State MS	Zip Code 39047	Amount of Each Receipt this Period _____ 10.04
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Manager, Mississippi		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10.04		

Full Name (Last, First, Middle Initial) B. Stephanie Bloyd		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 125 Earl Road		Transaction ID : SA12.27363.200	
City Panama City Beach	State FL	Zip Code 32413	Amount of Each Receipt this Period _____ 9.88
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Manager, U.S. Land Sales		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 9.88		

Full Name (Last, First, Middle Initial) C. Thomas C. Hancock		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 203 Esplanade Drive		Transaction ID : SA12.27363.201	
City Brandon	State MS	Zip Code 39047	Amount of Each Receipt this Period _____ 45.08
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Harvest Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 45.08		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 108 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tony Cascio		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 2001 Wesley Court		Transaction ID : SA12.27363.202	
City Birmingham	State AL	Zip Code 35242	Amount of Each Receipt this Period _____ 7.16
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Senior VP, Investments		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 7.16		

Full Name (Last, First, Middle Initial) B. Tony Doster		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 126 Albermarie Road		Transaction ID : SA12.27363.203	
City Wilmington	State NC	Zip Code 28405	Amount of Each Receipt this Period _____ 10.04
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Manager, North Carolina		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10.04		

Full Name (Last, First, Middle Initial) C. William R. Hooten		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2015	
Mailing Address 11275 County Road 2290		Transaction ID : SA12.27363.204	
City Glenwood	State AL	Zip Code 36034	Amount of Each Receipt this Period _____ 45.08
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Resource Management Service	Occupation Real Estate Support Planner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 45.08		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 109 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Benjamin Bailey		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 206 Parkside Court		Transaction ID : SA12.27363.205	
City Belle Chasse	State LA	Zip Code 70037	Amount of Each Receipt this Period _____ 56.60
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.60		

Full Name (Last, First, Middle Initial) B. Robert Bean		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 835 River Oaks Dr.		Transaction ID : SA12.27363.206	
City Covington	State LA	Zip Code 70433	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

Full Name (Last, First, Middle Initial) C. Christopher Blache		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 209 Hawthorne Hollow Rd.		Transaction ID : SA12.27363.207	
City Madisonville	State LA	Zip Code 70447	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 110 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gregory Blache Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 1247 W. Lakeside Oaks Dr.		Transaction ID : SA12.27363.208	
City Baton Rouge	State LA	Zip Code 70810	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

Full Name (Last, First, Middle Initial) B. Hayes Booksh		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 2901 Camp St.		Transaction ID : SA12.27363.209	
City New Orleans	State LA	Zip Code 70115	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

Full Name (Last, First, Middle Initial) C. Jason Bosley		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 802 N. Solomon St.		Transaction ID : SA12.27363.210	
City New Orleans	State LA	Zip Code 70119	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 111 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Glenn Booksh

Mailing Address 20048 Fifth Ave.

City State Zip Code
Covington LA 70433

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.211

Amount of Each Receipt this Period
56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Richard Brewster

Mailing Address 73249 Military Rd.

City State Zip Code
Covington LA 70435

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.212

Amount of Each Receipt this Period
56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Adam Buras

Mailing Address 6049 Patton

City State Zip Code
New Orleans LA 70118

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.213

Amount of Each Receipt this Period
56.52

Memo Item

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

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

0.00

**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 112 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Christopher Buras		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 453 Laureleaf Lane		Transaction ID : SA12.27363.214	
City Covington	State LA	Zip Code 70433	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

Full Name (Last, First, Middle Initial) B. Leon Buras III		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 15 Samantha Dr. River Forest		Transaction ID : SA12.27363.215	
City Covington	State LA	Zip Code 70433	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

Full Name (Last, First, Middle Initial) C. Allen Buras Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 24 Country Club Park		Transaction ID : SA12.27363.216	
City Covington	State LA	Zip Code 70433	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 113 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles Demetz

Mailing Address 603 East Scenic Dr.

City Pass Christian	State MS	Zip Code 39571
------------------------	-------------	-------------------

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

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.217

Amount of Each Receipt this Period
56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Kevin Duffy

Mailing Address 1412 Haring Road

City Metairie	State LA	Zip Code 70001
------------------	-------------	-------------------

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

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.218

Amount of Each Receipt this Period
56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Walter Durabb II

Mailing Address 221 Lake Vista Dr.

City Mandeville	State LA	Zip Code 70471
--------------------	-------------	-------------------

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

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.219

Amount of Each Receipt this Period
56.52

Memo Item

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

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

0.00

**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 114 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David Eddy		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 321 Copal St.		Transaction ID : SA12.27363.220	
City Mandeville	State LA	Zip Code 70448	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

Full Name (Last, First, Middle Initial) B. Michael Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 2008 Sunset Blvd.		Transaction ID : SA12.27363.221	
City Slidell	State LA	Zip Code 70461	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

Full Name (Last, First, Middle Initial) C. Robert Hill		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 111 Maple Ridge Way		Transaction ID : SA12.27363.222	
City Covington	State LA	Zip Code 70433	Amount of Each Receipt this Period _____ 56.52
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 115 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Ittmann

Mailing Address 7389 Agate St.

City State Zip Code
New Orleans LA 70124

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.223

Amount of Each Receipt this Period
56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Timothy Lagarde

Mailing Address 1900 Montgomery St.

City State Zip Code
Mandeville LA 70448

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.224

Amount of Each Receipt this Period
56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Kevin Leger

Mailing Address 3821 Edenborn Ave.

City State Zip Code
Metairie LA 70002

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.225

Amount of Each Receipt this Period
56.52

Memo Item

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

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

0.00

**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 116 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rhett Leger

Mailing Address 505 Passera Ct.

City State Zip Code
New Orleans LA 70119

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.226

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Kevin Levine

Mailing Address 101 Black Oak Ln.

City State Zip Code
Madisonville LA 70447

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.227

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
John Levine

Mailing Address 42511 Hwy 23

City State Zip Code
Venice LA 70091

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27363.228

Amount of Each Receipt this Period

Memo Item

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

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

**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 117 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John L Levine Jr.

Mailing Address 4805 Chateau Dr.

City Metairie	State LA	Zip Code 70002
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FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.229

Amount of Each Receipt this Period
 _____ 56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Malcolm J Lincoln Jr.

Mailing Address 31343 Hwy 23

City Buras	State LA	Zip Code 70041
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FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.230

Amount of Each Receipt this Period
 _____ 56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael R Lorino Jr.

Mailing Address 106 Twin Oaks Ln.

City Madisonville	State LA	Zip Code 70447
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FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.231

Amount of Each Receipt this Period
 _____ 56.52

Memo Item

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

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

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**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 118 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Scott Messa

Mailing Address 25 Oaklawn Dr.

City State Zip Code
Covington LA 70433

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.232

Amount of Each Receipt this Period
56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Victor Messa, IV

Mailing Address 9 Thrasher

City State Zip Code
New Orleans LA 70124

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

Name of Employer Occupation
Associated Branch Pilots Ship Pilot

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.233

Amount of Each Receipt this Period
56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Wade Meyers

Mailing Address 42511 Hwy 23

City State Zip Code
Venice LA 70091

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27363.234

Amount of Each Receipt this Period
56.52

Memo Item

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

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

0.00

**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 119 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rhett Meyers

Mailing Address 42511 Hwy 23

City Venice State LA Zip Code 70091

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

Name of Employer Associated Branch Pilots Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.235

Amount of Each Receipt this Period
 56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Daniel Mott

Mailing Address 4 Patricia Dr.

City Covington State LA Zip Code 70433

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

Name of Employer Associated Branch Pilots Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.236

Amount of Each Receipt this Period
 56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Jason Mott

Mailing Address 36 Patricia Dr.

City Covington State LA Zip Code 70433

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

Name of Employer Associated Branch Pilots Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.237

Amount of Each Receipt this Period
 56.52

Memo Item

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

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

0.00

**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 120 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jeffrey Mott		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 73434 Plantation St.		Transaction ID : SA12.27363.238	
City Covington	State LA	Zip Code 70435	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 56.52	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		
<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Stephen Mott		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 21150 Smith Rd.		Transaction ID : SA12.27363.239	
City Covington	State LA	Zip Code 70435	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 56.52	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		
<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Gary G Mott Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 844 Chretien Point Ave.		Transaction ID : SA12.27363.240	
City Covington	State LA	Zip Code 70435	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 56.52	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 56.52		
<input checked="" type="checkbox"/> Memo Item			

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
TOTAL This Period (last page this line number only).....	_____

**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 121 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Henry Peterson

Mailing Address 4713 Toby Ln.

City State Zip Code
Metairie LA 70003

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.241

Amount of Each Receipt this Period
56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Gerald Post

Mailing Address 50196 Turnpike Rd.

City State Zip Code
Folsom LA 70437

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.242

Amount of Each Receipt this Period
56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Stephen Post

Mailing Address 25 Pinehurst Dr.

City State Zip Code
New Orleans LA 70131

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

Name of Employer Occupation
Associated Branch Pilots Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.243

Amount of Each Receipt this Period
56.52

Memo Item

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

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

0.00

**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 122 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jeffrey Robichaux		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 940 Jason Dr.		Transaction ID : SA12.27363.244	
City Belle Chasse	State LA	Zip Code 70037	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.52	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 56.52		
<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Charles Steinmuller		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 2315 Cottonwood Ave.		Transaction ID : SA12.27363.245	
City Baton Rouge	State LA	Zip Code 70808	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.52	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 56.52		
<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Anthony L Vogt Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 42511 Hwy 23		Transaction ID : SA12.27363.246	
City Venice	State LA	Zip Code 70091	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.52	
Name of Employer Associated Branch Pilots	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 56.52		
<input checked="" type="checkbox"/> Memo Item			

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 123 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 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)
Paul S Vogt Jr.

Mailing Address 317 Homestead Ave.

City Metairie	State LA	Zip Code 70005
------------------	-------------	-------------------

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

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.247

Amount of Each Receipt this Period
56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
Patrick Michell

Mailing Address 6421 Perlita Dr.

City New Orleans	State LA	Zip Code 70122
---------------------	-------------	-------------------

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

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.248

Amount of Each Receipt this Period
56.52

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael Miller

Mailing Address 51 Mistletoe Dr.

City Covington	State LA	Zip Code 70433
-------------------	-------------	-------------------

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

Name of Employer Associated Branch Pilots	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.249

Amount of Each Receipt this Period
56.52

Memo Item

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

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

0.00

**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 124 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Brandon Waag

Mailing Address 14249 Thompson Rd.

City	State	Zip Code
Folsom	LA	70437

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

Name of Employer	Occupation
Associated Branch Pilots	Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 56.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27363.250

Amount of Each Receipt this Period
 _____ 56.52

Memo Item

B. Full Name (Last, First, Middle Initial)
SCALISE LEADERSHIP FUND

Mailing Address 317 15TH ST NE

City	State	Zip Code
WASHINGTON	DC	20002

FEC ID number of contributing federal political committee. **C** C00568162

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 361470.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA12.27634

Amount of Each Receipt this Period
 _____ 65297.50

Memo Item

C. Full Name (Last, First, Middle Initial)
Alan Leonhard Jr.

Mailing Address 185 Eask Oakridge Park

City	State	Zip Code
Metairie	LA	70005

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

Name of Employer	Occupation
HISTORIC RESTORATION INC	VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3333.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27634.0

Amount of Each Receipt this Period
 _____ 633.00

Memo Item

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

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

_____ 65297.50

**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 125 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alan Franco

Mailing Address 1005 Falcon Road

City State Zip Code
Metairie LA 70005

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

Name of Employer Occupation
Magnolia Marketing Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27634.1

Amount of Each Receipt this Period
2300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
C MARKHAM DICKSON

Mailing Address P.O. BOX 51367

City State Zip Code
SHREVEPORT LA 71135

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

Name of Employer Occupation
MORRIS & DICKSON CO. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27634.2

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cesar Alvarez

Mailing Address 333 SE 2nd Ave.
44th Floor

City State Zip Code
Miami FL 33131

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

Name of Employer Occupation
Greenburg Traurig, LLP Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27634.3

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

0.00

**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 126 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Corbin J. Robertson Jr.

Mailing Address 601 Jefferson
Suite 3600

City Houston State TX Zip Code 77002

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

Name of Employer Quintana Minerals Occupation Chairman & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27634.4

Amount of Each Receipt this Period
2300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Donald Bollinger

Mailing Address P.O. Box 250

City Lockport State LA Zip Code 70374

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

Name of Employer Bollinger Shipyards Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : SA12.27634.5

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Edward Boettner

Mailing Address 812 Gravier Street
Suite 200

City New Orleans State LA Zip Code 70112

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

Name of Employer HRI Properties Occupation Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4701.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA12.27634.6

Amount of Each Receipt this Period
2001.00

Memo Item

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

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

0.00

**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 127 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward Boettner

Mailing Address 812 Gravier Street
Suite 200

City State Zip Code
New Orleans LA 70112

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HRI Properties Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27634.7

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Elna Dease

Mailing Address 73153 Military Road

City State Zip Code
Covington LA 70435

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27634.8

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Gary Chouest

Mailing Address P.O. Box 310

City State Zip Code
Galliano LA 70354

FEC ID number of contributing federal political committee.

Name of Employer Occupation
EDISON CHOUEST PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27634.9

Amount of Each Receipt this Period

Memo Item

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

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

**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 128 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George Turek

Mailing Address 199 N. Tranquil Path

City The Woodlands	State TX	Zip Code 77380
-----------------------	-------------	-------------------

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

Name of Employer Best Efforts	Occupation Best Efforts
----------------------------------	----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27634.10

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James D. Dannenbaum

Mailing Address 3100 W. Alabama Street

City Houston	State TX	Zip Code 77098
-----------------	-------------	-------------------

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

Name of Employer Dannenbaum Engineering	Occupation President & CEO
--	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : SA12.27634.11

Amount of Each Receipt this Period
2300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John G. Rangos Sr.

Mailing Address 701 Osprey Point Circle

City Boca Raton	State FL	Zip Code 33431
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA12.27634.12

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

0.00

**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 129 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John L. Nau III

Mailing Address P.O. Box 130130

City State Zip Code
Houston TX 77219

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Silver Eagle Distributors President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27634.13

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
LEVERE C. MONTGOMERY Jr.

Mailing Address 6 DOGWOOD DRIVE

City State Zip Code
COVINGTON LA 70433

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MONTGOMERY VENTURES LTD PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27634.14

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Linda Turek

Mailing Address 199 N. Tranquil Path

City State Zip Code
The Woodlands TX 77380

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Best Efforts Best Efforts

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA12.27634.15

Amount of Each Receipt this Period

Memo Item

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

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

**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 130 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
M. Pres Kabacoff

Mailing Address 812 Gravier Street
Suite 200

City State Zip Code
New Orleans LA 70112

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

Name of Employer Occupation
CEO HRI PROPERTIES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3333.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA12.27634.16

Amount of Each Receipt this Period
633.33

Memo Item

B. Full Name (Last, First, Middle Initial)
MARKHAM A DICKSON JR

Mailing Address P.O. BOX 51367

City State Zip Code
SHREVEPORT LA 71135

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA12.27634.17

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael Chappell

Mailing Address 2818 University Terrace, NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Fierce Government Relations Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA12.27634.18

Amount of Each Receipt this Period
2300.00

Memo Item

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

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

0.00

**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 131 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Cormaci

Mailing Address 228 Blue Crane Dr.

City Slidell	State LA	Zip Code 70461
-----------------	-------------	-------------------

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

Name of Employer Watch Systems	Occupation Owner
-----------------------------------	---------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27634.19

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address P.O. BOX 51367

City SHREVEPORT	State LA	Zip Code 71135
--------------------	-------------	-------------------

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

Name of Employer MORRIS & DICKSON CO., LLC	Occupation EXECUTIVE
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27634.20

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Paul Flower

Mailing Address 1000 S. Jefferson Davis Pkwy.

City New Orleans	State LA	Zip Code 70125
---------------------	-------------	-------------------

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

Name of Employer Woodward Design Build	Occupation CEO
---	-------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA12.27634.21

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

0.00

**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 132 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sammy Zito		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2015
Mailing Address 732 Rural St.		Transaction ID : SA12.27634.22
City River Ridge	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Zito Companies	Occupation Executive	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) B. Shane Guidry		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015
Mailing Address 701 Poydras St.		Transaction ID : SA12.27634.23
City New Orleans	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Harvey Gulf Inter. Marine	Occupation CEO	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) C. Shirley Dannenbaum		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2015
Mailing Address P.O. Box 22292		Transaction ID : SA12.27634.24
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Homemaker	Occupation Homemaker	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 133 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLESSEY MARINE SERVICE, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1515 RIVER OAKS ROAD EAST

City HARAHAN State LA Zip Code 70123

FEC ID number of contributing federal political committee. **C** C00409789

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27634.25

Amount of Each Receipt this Period
 200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CENTURYLINK INC. EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 150 Fayetteville Street Mall Suite 2810

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27634.26

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 12405 POWERSCOURT DRIVE

City ST. LOUIS State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27634.27

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 134 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA12.27634.28

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC

Mailing Address 2345 CRYSTAL DRIVE SUITE 800

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015

Transaction ID : SA12.27634.29

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA12.27634.30

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

0.00

**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 135 OF 221
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1 COCA-COLA PLAZA NW

City ATLANTA State GA Zip Code 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA12.27634.31

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
US CELLULAR POLITICAL ACTION COMMITTEE

Mailing Address 8410 W. BRYN MAWR

City CHICAGO State IL Zip Code 60631

FEC ID number of contributing federal political committee. **C** C00336057

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA12.27634.32

Amount of Each Receipt this Period
 4000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 22945

City HIALEAH State FL Zip Code 33002

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015

Transaction ID : SA12.27634.33

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

0.00

361470.22

**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 136 OF 221
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DURABLE SAFETY PRODUCTS

Mailing Address 898 WATERWAY PLACE

City State Zip Code
LONGWOOD FL 32750

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : SA14.27055

Amount of Each Receipt this Period
2262.50

Memo Item
 Refund of Expenses

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

2262.50

2262.50

**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 137 OF 221
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FIRST BANK AND TRUST

Mailing Address PO BOX 60007

City NEW ORLEANS State LA Zip Code 70160-0007

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **280.10**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : SA15.27064

Amount of Each Receipt this Period
277.30

Memo Item
 Interest Income

B. Full Name (Last, First, Middle Initial)
FIRST BANK AND TRUST

Mailing Address PO BOX 60007

City NEW ORLEANS State LA Zip Code 70160-0007

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **281.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA15.28213

Amount of Each Receipt this Period
1.80

Memo Item
 Interest Income

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

279.10

279.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 1-800-FLOWERS		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address ONE OLD COUNTRY ROAD SUITE 500 CORPORATE HEADQUARTERS		Amount of Each Disbursement this Period 102.80
City CARLE PLACE State NY Zip Code 11514	Purpose of Disbursement Gifts: Flowers	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27220
State: District:		

Full Name (Last, First, Middle Initial) B. 1-800-FLOWERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address ONE OLD COUNTRY ROAD SUITE 500 CORPORATE HEADQUARTERS		Amount of Each Disbursement this Period 147.98
City CARLE PLACE State NY Zip Code 11514	Purpose of Disbursement Gifts: Flowers	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28004
State: District:		

Full Name (Last, First, Middle Initial) C. ACADIANA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 901 NEW YORK AVENUE, NW #200A		Amount of Each Disbursement this Period 5370.37
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement Fundraising Cost - Venue Rental/Catering	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27215
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5621.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACADIANA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 901 NEW YORK AVENUE, NW #200A		Amount of Each Disbursement this Period 1452.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement Fundraising Cost - Catering	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28122
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ACADIANA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 901 NEW YORK AVENUE, NW #200A		Amount of Each Disbursement this Period 2724.92
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement Fundraising Cost - Catering	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28007
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Air Reldan, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 25048 Highway 36		Amount of Each Disbursement this Period 3975.50
City Abita Springs State LA Zip Code 70420	Purpose of Disbursement Travel	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27306
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	8152.42
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address PO BOX 619612		Amount of Each Disbursement this Period 945.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.27174
City DFW AIRPORT	State TX Zip Code 76021	
Purpose of Disbursement Travel	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO BOX 619612		Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.27347
City DFW AIRPORT	State TX Zip Code 76021	
Purpose of Disbursement Travel	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 10156 PERKINS ROWE SUITE 217F		Amount of Each Disbursement this Period 374.25 <input type="checkbox"/> Memo Item Transaction ID : SB17.27026
City BATON ROUGE	State LA Zip Code 70810	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1334.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 10156 PERKINS ROWE SUITE 217F		Amount of Each Disbursement this Period 339.45
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27042
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 10156 PERKINS ROWE SUITE 217F		Amount of Each Disbursement this Period 78.60
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27061
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 10156 PERKINS ROWE SUITE 217F		Amount of Each Disbursement this Period 19.80
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27316
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	437.85
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 10156 PERKINS ROWE SUITE 217F		Amount of Each Disbursement this Period 205.21
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 10156 PERKINS ROWE SUITE 217F		Amount of Each Disbursement this Period 537.88
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27980
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 10156 PERKINS ROWE SUITE 217F		Amount of Each Disbursement this Period 353.20
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.28102
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1096.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address P.O. BOX 105262		Amount of Each Disbursement this Period 108.96
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27079
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address P.O. BOX 105262		Amount of Each Disbursement this Period 486.88
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27124
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address P.O. BOX 105262		Amount of Each Disbursement this Period 109.06
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27194
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	704.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address P.O. BOX 105262		Amount of Each Disbursement this Period 497.26
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27200
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address P.O. BOX 105262		Amount of Each Disbursement this Period 109.06
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27318
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address P.O. BOX 105262		Amount of Each Disbursement this Period 492.54
City ATLANTA State GA Zip Code 30348	Purpose of Disbursement Telephone	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27355
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1098.86
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AUNT SALLY'S PRALINE SHOP			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015	
Mailing Address 2831 CHARTRES ST			Amount of Each Disbursement this Period 1014.00	
City NEW ORLEANS	State LA	Zip Code 70017	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type	Transaction ID : SB17.28128	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. AUNT SALLY'S PRALINE SHOP			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 2831 CHARTRES ST			Amount of Each Disbursement this Period 740.00	
City NEW ORLEANS	State LA	Zip Code 70017	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type	Transaction ID : SB17.27985	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. BAYOU BAKERY, COFFEE BAR & EATERY			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015	
Mailing Address 1515 N. COURTHOUSE ROAD			Amount of Each Disbursement this Period 2493.43	
City ARLINGTON	State VA	Zip Code 22201	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type	Transaction ID : SB17.27072	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4247.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BAYOU BAKERY, COFFEE BAR & EATERY		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 1515 N. COURTHOUSE ROAD		Amount of Each Disbursement this Period 2392.35
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement Meeting Expense - Catering	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27165
State: District:		

Full Name (Last, First, Middle Initial) B. BAYOU BAKERY, COFFEE BAR & EATERY		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1515 N. COURTHOUSE ROAD		Amount of Each Disbursement this Period 255.20
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement Meeting Expense - Catering	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28185
State: District:		

Full Name (Last, First, Middle Initial) C. BED, BATH, & BEYOND		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 4410 Veterans Memorial Blvd		Amount of Each Disbursement this Period 367.99
City METAIRIE State LA Zip Code 70006	Purpose of Disbursement Supplies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28026
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3015.54
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEST BUY CO., INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 7601 PENN AVENUE, SOUTH CORPORATE HEADQUARTERS		Amount of Each Disbursement this Period 87.99
City RICHFIELD	State MN	
Zip Code 55423	Purpose of Disbursement Office Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27253
State: District:		

Full Name (Last, First, Middle Initial) B. Bone's Restaurant		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 3130 Piedmont Road		Amount of Each Disbursement this Period 480.24
City Atlanta	State GA	
Zip Code 30305	Purpose of Disbursement Fundraising Cost - Venue Rental/Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27188
State: District:		

Full Name (Last, First, Middle Initial) c. BrabenderCox, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 2500.00
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Expense - Production Cost	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27294
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3068.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement
Donation to Candidate

Candidate Name

Office Sought: House Senate President
State: GA District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
03 / 23 / 2015

Amount of Each Disbursement this Period
2000.00

Memo Item

Transaction ID : SB17.27834

Full Name (Last, First, Middle Initial)
B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
01 / 14 / 2015

Amount of Each Disbursement this Period
51.80

Memo Item

Transaction ID : SB17.27096

Full Name (Last, First, Middle Initial)
C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y
01 / 28 / 2015

Amount of Each Disbursement this Period
373.74

Memo Item

Transaction ID : SB17.27075

SUBTOTAL of Disbursements This Page (optional)..... 2425.54

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 221			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015		
Mailing Address 300 FIRST STREET, SE			Amount of Each Disbursement this Period 1408.13		
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type			
Candidate Name		Transaction ID : SB17.27170			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015		
Mailing Address 300 FIRST STREET, SE			Amount of Each Disbursement this Period 1000.00		
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Dues		Category/ Type			
Candidate Name		Transaction ID : SB17.27171			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015		
Mailing Address 300 FIRST STREET, SE			Amount of Each Disbursement this Period 881.23		
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food & Beverage		Category/ Type			
Candidate Name		Transaction ID : SB17.27172			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	3289.36
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015	
Mailing Address 300 FIRST STREET, SE			Amount of Each Disbursement this Period 4579.42	
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type	Transaction ID : SB17.28147	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015	
Mailing Address 300 FIRST STREET, SE			Amount of Each Disbursement this Period 352.31	
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & Beverage		Category/ Type	Transaction ID : SB17.28148	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. CAPITOL HILL FRAME & PHOTO			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 645 PENNSYLVANIA AVENUE, SE			Amount of Each Disbursement this Period 1760.93	
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Photography Services		Category/ Type	Transaction ID : SB17.27231	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6692.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. CAPITOL HILL FRAME & PHOTO

Full Name (Last, First, Middle Initial)

Mailing Address 645 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Photography Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2015

Amount of Each Disbursement this Period: 31.72

Memo Item

Transaction ID : SB17.28031

B. CAPITOL HOST

Full Name (Last, First, Middle Initial)

Mailing Address RM B-339B RAYBURN OFFICE HOUSE BLD

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement Meeting Expense - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2015

Amount of Each Disbursement this Period: 1652.46

Memo Item

Transaction ID : SB17.28005

C. CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement Donation to Candidate

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: FL District: 26

Date of Disbursement: 03 / 10 / 2015

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.27330

SUBTOTAL of Disbursements This Page (optional)..... 3684.18

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CARMINE'S			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 425 7TH STREET, NW			Amount of Each Disbursement this Period 1216.58	
City WASHINGTON	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meeting Expense - Catering		Candidate Name	Transaction ID : SB17.27244	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. CARMINE'S			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015	
Mailing Address 425 7TH STREET, NW			Amount of Each Disbursement this Period 1610.48	
City WASHINGTON	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meeting Expense - Catering		Candidate Name	Transaction ID : SB17.28109	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) C. CATERING BY DON			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address 72022 LIVE OAK ST			Amount of Each Disbursement this Period 879.60	
City COVINGTON	State LA	Zip Code 70433	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Candidate Name	Transaction ID : SB17.27123	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	3706.66
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAVA MEZZE		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 527 8TH STREET, SE		Amount of Each Disbursement this Period 2254.20
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Meeting Expense - Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27989
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAVA MEZZE		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 527 8TH STREET, SE		Amount of Each Disbursement this Period 110.23
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.28207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Chatham's Place Restaurant		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 7575 Dr. Phillips Blvd.		Amount of Each Disbursement this Period 1311.98
City Orlando	State FL	
Zip Code 32819	Purpose of Disbursement Fundraising Cost - Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.28173
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3676.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHICK-FIL-A		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 5200 BUFFINGTON ROAD CORPORATE OFFICE		Amount of Each Disbursement this Period 677.61
City ATLANTA State GA Zip Code 30349	Purpose of Disbursement Meeting Expense - Catering	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27070
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHICK-FIL-A		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 5200 BUFFINGTON ROAD CORPORATE OFFICE		Amount of Each Disbursement this Period 14.25
City ATLANTA State GA Zip Code 30349	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27101
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHICK-FIL-A		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 5200 BUFFINGTON ROAD CORPORATE OFFICE		Amount of Each Disbursement this Period 1582.23
City ATLANTA State GA Zip Code 30349	Purpose of Disbursement Meeting Expense - Catering	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27239
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2274.09
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 221	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input 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. CHICK-FIL-A			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015	
Mailing Address 5200 BUFFINGTON ROAD CORPORATE OFFICE			Amount of Each Disbursement this Period 14.12	
City ATLANTA	State GA	Zip Code 30349		
Purpose of Disbursement Food & Beverage		Candidate Name	Transaction ID : SB17.27185	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:				

Full Name (Last, First, Middle Initial) B. CHICK-FIL-A			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015	
Mailing Address 5200 BUFFINGTON ROAD CORPORATE OFFICE			Amount of Each Disbursement this Period 1089.39	
City ATLANTA	State GA	Zip Code 30349		
Purpose of Disbursement Meeting Expense - Catering		Candidate Name	Transaction ID : SB17.28151	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:				

Full Name (Last, First, Middle Initial) C. CHICK-FIL-A			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015	
Mailing Address 5200 BUFFINGTON ROAD CORPORATE OFFICE			Amount of Each Disbursement this Period 131.83	
City ATLANTA	State GA	Zip Code 30349		
Purpose of Disbursement Food & Beverage		Candidate Name	Transaction ID : SB17.28178	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1235.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chipotle Mexican Grill			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 413 8th Street, SE			Amount of Each Disbursement this Period 1565.25	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meeting Expense - Catering		Candidate Name	Transaction ID : SB17.28035	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Chophouse New Orleans			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 322 Magazine Street			Amount of Each Disbursement this Period 937.00	
City New Orleans	State LA	Zip Code 70130	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Dinner Meeting		Candidate Name	Transaction ID : SB17.27986	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) C. City Park New Orleans			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2015	
Mailing Address 1 Palm Drive			Amount of Each Disbursement this Period 1522.89	
City New Orleans	State LA	Zip Code 70124	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meeting Expense - Venue Rental/Catering		Candidate Name	Transaction ID : SB17.27153	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	4025.14
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CLARK HILL PLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 601 PENNSYLVANIA AVENUE, NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Rent	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27081
State: District:		

Full Name (Last, First, Middle Initial) B. CLARK HILL PLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2015
Mailing Address 601 PENNSYLVANIA AVENUE, NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 1943.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Legal Fees	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27155
State: District:		

Full Name (Last, First, Middle Initial) C. CLARK HILL PLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 601 PENNSYLVANIA AVENUE, NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 930.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Legal Fees	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27326
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3873.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. COFFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 4950 S YOSEMITE STREET F2 #511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement Donation to Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: CO District: 06

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.27847

B. COLLINS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1295

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement Donation to Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: GA District: 09

Date of Disbursement: 03 / 10 / 2015

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.27343

C. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 8105

City GLENDALE State AZ Zip Code 85312

Purpose of Disbursement Donation to Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: AZ District: 08

Date of Disbursement: 03 / 23 / 2015

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.27841

SUBTOTAL of Disbursements This Page (optional) 6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 221			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COMSTOCK FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO BOX 71596		Amount of Each Disbursement this Period 2000.00
City RICHMOND	State VA	
Zip Code 23255	Purpose of Disbursement Donation to Candidate	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	Transaction ID : SB17.27842
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: VA	District: 10	

Full Name (Last, First, Middle Initial) B. CORNER BAKERY		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 529 14th St NW # F11		Amount of Each Disbursement this Period 404.00
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement Food & Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House	Disbursement For: 2016	Transaction ID : SB17.27071
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. CORNER BAKERY		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 529 14th St NW # F11		Amount of Each Disbursement this Period 159.50
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement Food & Beverage	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House	Disbursement For: 2016	Transaction ID : SB17.27168
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2563.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CORNER BAKERY			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015	
Mailing Address 529 14th St NW # F11			Amount of Each Disbursement this Period 548.50	
City WASHINGTON	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & Beverage		Category/ Type	Transaction ID : SB17.28105	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CORNER BAKERY			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 529 14th St NW # F11			Amount of Each Disbursement this Period 132.00	
City WASHINGTON	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & Beverage		Category/ Type	Transaction ID : SB17.28009	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Costa Med			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 260 Crandon Blvd. Suite 46			Amount of Each Disbursement this Period 435.54	
City Key Biscayne	State FL	Zip Code 33149	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type	Transaction ID : SB17.28046	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1116.04
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 161 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CRESENT HARDY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 753941		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.27337
City LAS VEGAS	State NV Zip Code 89136	
Purpose of Disbursement Donation to Candidate	Candidate Name	Category/Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: NV District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. CRESENT HARDY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO BOX 753941		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.27835
City LAS VEGAS	State NV Zip Code 89136	
Purpose of Disbursement Donation to Candidate	Candidate Name	Category/Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: NV District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Crystal Framing Gallery		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 2200 Crystal Drive		Amount of Each Disbursement this Period 568.58 <input type="checkbox"/> Memo Item Transaction ID : SB17.27224
City Arlington	State VA Zip Code 22202	
Purpose of Disbursement Photography	Candidate Name	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4568.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 162 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TYLER L. DANIEL		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 21273 RIVER LANDING		Amount of Each Disbursement this Period 5058.53
City HAMMOND	State LA	
Zip Code 70403	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27158
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TYLER L. DANIEL		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 21273 RIVER LANDING		Amount of Each Disbursement this Period 5058.54
City HAMMOND	State LA	
Zip Code 70403	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27309
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TYLER L. DANIEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 21273 RIVER LANDING		Amount of Each Disbursement this Period 5058.54
City HAMMOND	State LA	
Zip Code 70403	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27852
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15175.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 163 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES, INC			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015	
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 776.20	
City ATLANTA	State GA	Zip Code 30320-6001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name		Transaction ID : SB17.28140		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES, INC			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 12.00	
City ATLANTA	State GA	Zip Code 30320-6001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name		Transaction ID : SB17.27353		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES, INC			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 1175.30	
City ATLANTA	State GA	Zip Code 30320-6001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name		Transaction ID : SB17.28020		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1963.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. DISTRICT TACO

Full Name (Last, First, Middle Initial)

Mailing Address 656 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2015

Amount of Each Disbursement this Period: 385.88

Memo Item

Transaction ID : SB17.27222

B. DNC TRAVEL

Full Name (Last, First, Middle Initial)

Mailing Address NEW ORLEANS INTERNATIONAL AIRPORT
800 AIRLINE HIGHWAY

City KENNER State LA Zip Code 70062

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2015

Amount of Each Disbursement this Period: 121.51

Memo Item

Transaction ID : SB17.27991

C. DOLD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement Donation to Candidate

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: IL District: 10

Date of Disbursement: 03 / 10 / 2015

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.27333

SUBTOTAL of Disbursements This Page (optional) 2507.39

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DRAGO'S SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 3232 N ARNOULT RD		Amount of Each Disbursement this Period 2218.31
City METAIRIE	State LA	
Zip Code 70002	Purpose of Disbursement Fundraising Cost - Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27196
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DRAGO'S SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 3232 N ARNOULT RD		Amount of Each Disbursement this Period 61.90
City METAIRIE	State LA	
Zip Code 70002	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28139
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DRAGO'S SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 3232 N ARNOULT RD		Amount of Each Disbursement this Period 51.90
City METAIRIE	State LA	
Zip Code 70002	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27982
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2332.11
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DRAGO'S SEAFOOD			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015	
Mailing Address 3232 N ARNOULT RD			Amount of Each Disbursement this Period 544.90	
City METAIRIE	State LA	Zip Code 70002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meeting Expense - Catering		Category/ Type		
Candidate Name			Transaction ID : SB17.28208	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. DURABLE SAFETY PRODUCTS			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015	
Mailing Address 898 WATERWAY PLACE			Amount of Each Disbursement this Period 1494.11	
City LONGWOOD	State FL	Zip Code 32750	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost		Category/ Type		
Candidate Name			Transaction ID : SB17.27181	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. DURABLE SAFETY PRODUCTS			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015	
Mailing Address 898 WATERWAY PLACE			Amount of Each Disbursement this Period 2125.53	
City LONGWOOD	State FL	Zip Code 32750	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost		Category/ Type		
Candidate Name			Transaction ID : SB17.28209	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional)	4164.54
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EAST ST. TAMMANY CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 118 WEST HALL AVE		Amount of Each Disbursement this Period 400.00
City SLIDELL State LA Zip Code 70460	Purpose of Disbursement Sponsorship	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27202
State: District:		

Full Name (Last, First, Middle Initial) B. ELISE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address PO BOX 338		Amount of Each Disbursement this Period 2000.00
City WILLSBORO State NY Zip Code 12996	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27311
State: NY District: 21		

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT A CAR		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2015
Mailing Address 1019 BARONNE ST		Amount of Each Disbursement this Period 705.86
City NEW ORLEANS State LA Zip Code 70113	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27184
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3105.86
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 168 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Enterprise Rent a Car		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 9430 Jackie Cochran Dr.		Amount of Each Disbursement this Period 396.18
City Baton Rouge	State LA	
Zip Code 70807	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27300
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx - 9945 Airline		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 9945 Airline Hwy Ste A		Amount of Each Disbursement this Period 217.60
City Baton Rouge	State LA	
Zip Code 70816-8149	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27358
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF DAVID JOLLY		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address P. O. BOX 1158		Amount of Each Disbursement this Period 2000.00
City INDIAN ROCKS BEACH	State FL	
Zip Code 33785	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27310
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 13		

SUBTOTAL of Disbursements This Page (optional).....	2613.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 169 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRIENDS OF DAVID JOLLY		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address P. O. BOX 1158		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.27837
City INDIAN ROCKS BEACH	State FL	
Zip Code 33785	Purpose of Disbursement Donation to Candidate	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 13	

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK GUINTA		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 877		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.27336
City MANCHESTER	State NH	
Zip Code 03105	Purpose of Disbursement Donation to Candidate	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District: 01	

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIA LOVE		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.27846
City RIVERTON	State UT	
Zip Code 84065	Purpose of Disbursement Donation to Candidate	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: UT District: 04	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 170 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GARRET GRAVES FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO BOX 64845		Amount of Each Disbursement this Period 2000.00
City BATON ROUGE	State LA	
Zip Code 70896	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27838
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA District: 06		

Full Name (Last, First, Middle Initial) B. GEORGETOWN CUPCAKE		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 3301 M STREET, NW		Amount of Each Disbursement this Period 51.70
City WASHINGTON	State DC	
Zip Code 20007	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.28163
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GIVERNY DESIGN		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 929 SECOND STREET		Amount of Each Disbursement this Period 1569.60
City NEW ORLEANS	State LA	
Zip Code 70130	Purpose of Disbursement Fundraising Cost - Event Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27087
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3621.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 171 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOOD STUFF EATERY		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 303 PENNSYLVANIA AVE, SE		Amount of Each Disbursement this Period 139.94
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27254
State: District:		

Full Name (Last, First, Middle Initial) B. GOOD STUFF EATERY		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 303 PENNSYLVANIA AVE, SE		Amount of Each Disbursement this Period 72.17
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28104
State: District:		

Full Name (Last, First, Middle Initial) C. GOOD STUFF EATERY		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 303 PENNSYLVANIA AVE, SE		Amount of Each Disbursement this Period 491.59
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28193
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	703.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HAMMOND CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address PO BOX 1458			Amount of Each Disbursement this Period 225.00	
City HAMMOND	State LA	Zip Code 70404	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Membership Dues		Category/ Type		
Candidate Name		Transaction ID : SB17.27203		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. HAYDEL'S BAKERY			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015	
Mailing Address 4037 JEFFERSON HWY			Amount of Each Disbursement this Period 392.00	
City NEW ORLEANS	State LA	Zip Code 70121	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type		
Candidate Name		Transaction ID : SB17.27094		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. HAYDEL'S BAKERY			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 4037 JEFFERSON HWY			Amount of Each Disbursement this Period 603.00	
City NEW ORLEANS	State LA	Zip Code 70121	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type		
Candidate Name		Transaction ID : SB17.27226		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1220.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 173 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HAYDEL'S BAKERY		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 4037 JEFFERSON HWY		Amount of Each Disbursement this Period 264.00
City NEW ORLEANS	State LA	
Zip Code 70121	Purpose of Disbursement Fundraising Cost - Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27990
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HERITAGE GRILL RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 111 VETERANS BLVD.		Amount of Each Disbursement this Period 166.11
City METAIRIE	State LA	
Zip Code 70005	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27983
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hershey Grill		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 325 University Drive		Amount of Each Disbursement this Period 240.89
City Hershey	State PA	
Zip Code 17033	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27225
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	671.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hershey Lodge		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 325 University Drive		Amount of Each Disbursement this Period 6337.48
City Hershey	State PA	
Zip Code 17033	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27234
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hilton Baton Rouge Capitol Center		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 201 Lafayette Street		Amount of Each Disbursement this Period 603.64
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27179
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HILTON HOTELS		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 1919 CONNECTICUT AVE, NW		Amount of Each Disbursement this Period 125.00
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28059
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6337.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 175 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HILTON HOTELS		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 1919 CONNECTICUT AVE, NW		Amount of Each Disbursement this Period 1090.45
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27201
State: District:		

Full Name (Last, First, Middle Initial) B. Hobby Lobby		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 5151 Citrus Boulevard Suite C		Amount of Each Disbursement this Period 187.54
City Harahan State LA Zip Code 70123	Purpose of Disbursement Fundraising Cost - Supplies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27107
State: District:		

Full Name (Last, First, Middle Initial) C. HURD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 656		Amount of Each Disbursement this Period 2000.00
City HELOTES State TX Zip Code 78023	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27341
State: TX District: 23		

SUBTOTAL of Disbursements This Page (optional).....	3277.99
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hyatt Regency Washington on Capitol Hill			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2015	
Mailing Address 400 New Jersey Avenue, NW			Amount of Each Disbursement this Period 825.48	
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.27151	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. Hyatt Regency Washington on Capitol Hill			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 400 New Jersey Avenue, NW			Amount of Each Disbursement this Period 540.52	
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.27216	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Incognito Transportation			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 229 West Esplanade Avenue			Amount of Each Disbursement this Period 216.00	
City Metairie	State LA	Zip Code 70005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.27261	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1582.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address DEPARTMENT OF THE TREASURY		Amount of Each Disbursement this Period 6468.26
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27119
State: District:		

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address DEPARTMENT OF THE TREASURY		Amount of Each Disbursement this Period 84.00
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27120
State: District:		

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address DEPARTMENT OF THE TREASURY		Amount of Each Disbursement this Period 2854.01
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27192
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9406.27
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address DEPARTMENT OF THE TREASURY		Amount of Each Disbursement this Period 2853.98
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27317
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address DEPARTMENT OF THE TREASURY		Amount of Each Disbursement this Period 433.00
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement Federal Income taxes on campaign interest income	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. J.W. Bearden & Associates, PLLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 1825 Market Center Blvd. #610		Amount of Each Disbursement this Period 7510.00
City Dallas	State TX	
Zip Code 75207	Purpose of Disbursement Legal Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.28060
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10796.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JENKINS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address PO BOX 727		Amount of Each Disbursement this Period 2000.00
City HUNTINGTON	State WV	
Zip Code 25711	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27313
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 03		

Full Name (Last, First, Middle Initial) B. JetBlue Airways Corporation		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015
Mailing Address 27-01 Queens Plaza North		Amount of Each Disbursement this Period 423.98
City Long Island	State NY	
Zip Code 11101	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28141
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. JH Bailes		Date of Disbursement MM / DD / YYYY 01 / 19 / 2015
Mailing Address 644 East Capitol Street		Amount of Each Disbursement this Period 300.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meeting Expense - A/V Cost	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2723.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joaquin 'JR' Matheu Campaign Fund			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015	
Mailing Address 22290 Deanette Lane			Amount of Each Disbursement this Period 2500.00	
City Robert	State LA	Zip Code 70455	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donation to Candidate		Category/ Type		
Candidate Name		Transaction ID : SB17.27161		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JOE'S SEAFOOD, PRIME STEAK, & STONE CRAB			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 750 15TH STREET, NW			Amount of Each Disbursement this Period 1519.64	
City WASHINGTON	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meeting Expense - Catering		Category/ Type		
Candidate Name		Transaction ID : SB17.27211		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. JOE'S SEAFOOD, PRIME STEAK, & STONE CRAB			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 750 15TH STREET, NW			Amount of Each Disbursement this Period 621.78	
City WASHINGTON	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meeting Expense - Catering		Category/ Type		
Candidate Name		Transaction ID : SB17.27213		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4641.42
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 181 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOE'S SEAFOOD, PRIME STEAK, & STONE CRAB			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015	
Mailing Address 750 15TH STREET, NW			Amount of Each Disbursement this Period 4845.79	
City	State	Zip Code		
WASHINGTON	DC	20005	<input type="checkbox"/> Memo Item Transaction ID : SB17.28119	
Purpose of Disbursement Fundraising Cost - Catering		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. JOE'S SEAFOOD, PRIME STEAK, & STONE CRAB			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 750 15TH STREET, NW			Amount of Each Disbursement this Period 581.23	
City	State	Zip Code		
WASHINGTON	DC	20005	<input type="checkbox"/> Memo Item Transaction ID : SB17.27996	
Purpose of Disbursement Meeting Expense - Catering		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. JW Marriott Hotel Atlanta			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 4711 Best Road			Amount of Each Disbursement this Period 381.64	
City	State	Zip Code		
Atlanta	GA	30337	<input type="checkbox"/> Memo Item Transaction ID : SB17.28041	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	5808.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATKO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 5407 ANVIL DRIVE		Amount of Each Disbursement this Period 2000.00
City CAMILLUS State NY Zip Code 13031	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27340

Full Name (Last, First, Middle Initial) B. Keith Young's Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 165 Highway 21		Amount of Each Disbursement this Period 676.13
City Madisonville State LA Zip Code 70447	Purpose of Disbursement Dinner Meeting	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28111

Full Name (Last, First, Middle Initial) C. KRISTI FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address PO BOX 852		Amount of Each Disbursement this Period 2000.00
City SIOUX FALLS State SD Zip Code 57101	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27360

SUBTOTAL of Disbursements This Page (optional).....	4676.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 221			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANDINI BROTHERS			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 115 KING STREET			Amount of Each Disbursement this Period 925.11	
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Dinner Meeting		Category/ Type		
Candidate Name		Transaction ID : SB17.27242		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. LIFE RESOURCES			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015	
Mailing Address P.O. BOX 1045			Amount of Each Disbursement this Period 380.00	
City MANDEVILLE	State LA	Zip Code 70470	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Sponsorship		Category/ Type		
Candidate Name		Transaction ID : SB17.27320		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Loews Royal Pacific Resort			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015	
Mailing Address 6300 Hollywood Way			Amount of Each Disbursement this Period 5667.06	
City Orlando	State FL	Zip Code 32819	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name		Transaction ID : SB17.28177		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6972.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Loews Royal Pacific Resort			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015	
Mailing Address 6300 Hollywood Way			Amount of Each Disbursement this Period 35.00	
City Orlando	State FL	Zip Code 32819	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name		Transaction ID : SB17.27849		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. LOUISIANA DEPARTMENT OF REVENUE			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015	
Mailing Address P.O. BOX 201			Amount of Each Disbursement this Period 2170.00	
City BATON ROUGE	State LA	Zip Code 70821	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Category/ Type		
Candidate Name		Transaction ID : SB17.27121		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Louisiana Federation of Republican Women			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015	
Mailing Address 9411 Prestonwood Circle			Amount of Each Disbursement this Period 500.00	
City Shreveport	State LA	Zip Code 71115	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Sponsorship		Category/ Type		
Candidate Name		Transaction ID : SB17.27844		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2705.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LOUISIANA WORKFORCE COMMISSION			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 1001 N. 23RD STREET			Amount of Each Disbursement this Period 145.53
City BATON ROUGE	State LA	Zip Code 70802	
Purpose of Disbursement Payroll Taxes		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.27122
State: District:			

Full Name (Last, First, Middle Initial) B. LUSTRE CLEANERS			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 311 PENNSYLVANIA AVE SE			Amount of Each Disbursement this Period 318.00
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement Fundraising Cost - Event Supplies		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.27221
State: District:			

Full Name (Last, First, Middle Initial) C. LYNN JENKINS FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 1441			Amount of Each Disbursement this Period 2000.00
City TOPEKA	State KS	Zip Code 66601	
Purpose of Disbursement Donation to Candidate		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.27344
State: KS District: 02			

SUBTOTAL of Disbursements This Page (optional).....	2463.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mardi Gras Outlet		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 7685 Airline Highway Suite B		Amount of Each Disbursement this Period 389.88
City Baton Rouge	State LA	
Zip Code 70814	Purpose of Disbursement Fundraising Cost - Event Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27105
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mark Twain's Pizza Landing		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 2035 METAIRIE RD		Amount of Each Disbursement this Period 76.90
City METAIRIE	State LA	
Zip Code 70005	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28000
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARTHA ROBY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 195		Amount of Each Disbursement this Period 2000.00
City MONTGOMERY	State AL	
Zip Code 36101	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27342
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2466.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MATCHBOX		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 521 8TH ST., SE		Amount of Each Disbursement this Period 479.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27256
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MATCHBOX		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 521 8TH ST., SE		Amount of Each Disbursement this Period 14.10
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27997
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MCSALLY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 19128		Amount of Each Disbursement this Period 2000.00
City TUCSON State AZ Zip Code 85731	Purpose of Disbursement Donation to Candidate	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27327
State: AZ District: 02	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2493.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MIKE BOST FOR CONGRESS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 1212		Amount of Each Disbursement this Period 2000.00
City MURPHYSBORO State IL Zip Code 62966	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27334
State: IL District: 12		

Full Name (Last, First, Middle Initial) B. NUNGESSER CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 1554 LOBDELL AVENUE		Amount of Each Disbursement this Period 6720.28
City BATON ROUGE State LA Zip Code 70806	Purpose of Disbursement Fundraising Cost	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28235
State: District:		

Full Name (Last, First, Middle Initial) C. NUNGESSER CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 1554 LOBDELL AVENUE		Amount of Each Disbursement this Period 6453.24
City BATON ROUGE State LA Zip Code 70806	Purpose of Disbursement Fundraising Cost	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28245
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15173.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NUNGESSER CONSULTING, LLC			Date of Disbursement MM / DD / YYYY 02 / 18 / 2015	
Mailing Address 1554 LOBDELL AVENUE			Amount of Each Disbursement this Period 4457.84	
City BATON ROUGE	State LA	Zip Code 70806	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost		Category/ Type		
Candidate Name			Transaction ID : SB17.28259	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)			Date of Disbursement MM / DD / YYYY 02 / 12 / 2015	
Mailing Address 1015 15TH ST. NW SUITE 200			Amount of Each Disbursement this Period 140.00	
City WASHINGTON	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement In-kind - Fundraising Cost		Category/ Type		
Candidate Name			Transaction ID : SB17.28219	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)			Date of Disbursement MM / DD / YYYY 03 / 03 / 2015	
Mailing Address 1015 15TH ST. NW SUITE 200			Amount of Each Disbursement this Period 90.00	
City WASHINGTON	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement In-kind - Fundraising Cost		Category/ Type		
Candidate Name			Transaction ID : SB17.28216	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4687.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 190 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 1015 15TH ST. NW SUITE 200		Amount of Each Disbursement this Period 210.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.28221
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement In-kind - Fundraising Cost	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PALAZZO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 13155 HIGHWAY 67 SUITE B		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.27345
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 04		

Full Name (Last, First, Middle Initial) c. Phillip Stutts & Company, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 1601 Connecticut Avenue Suite 803		Amount of Each Disbursement this Period 1677.42 <input type="checkbox"/> Memo Item Transaction ID : SB17.27125
City Washington State DC Zip Code 20009	Purpose of Disbursement Digital Media Consulting Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3887.42
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 191 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Phillip Stutts & Company, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 1601 Connecticut Avenue Suite 803		Amount of Each Disbursement this Period 3096.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Digital Media Consulting Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27197
State: District:		

Full Name (Last, First, Middle Initial) B. Phillip Stutts & Company, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1601 Connecticut Avenue Suite 803		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Digital Media Consulting Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27321
State: District:		

Full Name (Last, First, Middle Initial) C. Phillip Stutts & Company, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1601 Connecticut Avenue Suite 803		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Website Cost	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27322
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5346.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 192 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PJ'S COFFEE OF NEW ORLEANS			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015	
Mailing Address 109 NEW CAMELLIA BLVD. SUITE 100 CORPORATE HEADQUARTERS			Amount of Each Disbursement this Period 71.87	
City COVINGTON	State LA	Zip Code 70433	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & Beverage		Category/ Type	Transaction ID : SB17.28115	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. PJ'S COFFEE OF NEW ORLEANS			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 109 NEW CAMELLIA BLVD. SUITE 100 CORPORATE HEADQUARTERS			Amount of Each Disbursement this Period 21.34	
City COVINGTON	State LA	Zip Code 70433	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & Beverage		Category/ Type	Transaction ID : SB17.28002	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Po Boy Jim			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 709 H Street, NE			Amount of Each Disbursement this Period 567.60	
City Washington	State DC	Zip Code 20002	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & Beverage		Category/ Type	Transaction ID : SB17.28033	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	660.81
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 193 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POLIQUIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 50		Amount of Each Disbursement this Period 2000.00
City OAKLAND State ME Zip Code 04963	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27335
State: ME District: 02		

Full Name (Last, First, Middle Initial) B. POPEYES LOUISIANA KITCHEN		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 400 PERIMETER CENTER TERRACES CORPORATE HEADQUARTERS		Amount of Each Disbursement this Period 75.00
City ATLANTA State GA Zip Code 30342	Purpose of Disbursement Food & Beverage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28197
State: District:		

Full Name (Last, First, Middle Initial) C. RALPH ABRAHAM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address P.O. BOX 270		Amount of Each Disbursement this Period 2000.00
City ARCHIBALD State LA Zip Code 71218	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27359
State: LA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	4075.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 194 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAULT RESOURCES		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 110 VETERANS BLVD SUITE 110		Amount of Each Disbursement this Period 562.00
City METAIRIE State LA Zip Code 70005	Purpose of Disbursement Rent	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27080
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. RAULT RESOURCES		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2015
Mailing Address 110 VETERANS BLVD SUITE 110		Amount of Each Disbursement this Period 562.00
City METAIRIE State LA Zip Code 70005	Purpose of Disbursement Rent	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27193
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. RAULT RESOURCES		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 110 VETERANS BLVD SUITE 110		Amount of Each Disbursement this Period 64.00
City METAIRIE State LA Zip Code 70005	Purpose of Disbursement Rent	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27195
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1188.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 195 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAULT RESOURCES		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 110 VETERANS BLVD SUITE 110		Amount of Each Disbursement this Period 594.00
City METAIRIE	State LA Zip Code 70005	
Purpose of Disbursement Rent	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.27319

Full Name (Last, First, Middle Initial) B. ROYAL CARRIAGE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 1824 N. RAMPART ST.		Amount of Each Disbursement this Period 500.00
City NEW ORLEANS	State LA Zip Code 70116	
Purpose of Disbursement Fundraising Cost - Venue Rental	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.28189

Full Name (Last, First, Middle Initial) C. Salamander Resort		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 23325 Foxcroft Road		Amount of Each Disbursement this Period 1807.63
City Middleburg	State VA Zip Code 20117	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.27095

SUBTOTAL of Disbursements This Page (optional).....	2901.63
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 196 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Salamander Resort		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 23325 Foxcroft Road		Amount of Each Disbursement this Period 350.95
City Middleburg	State VA Zip Code 20117	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.27988

Full Name (Last, First, Middle Initial) B. SCHNEIDER'S OF CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 300 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 54.38
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement Fundraising Cost - Refreshments	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.27068

Full Name (Last, First, Middle Initial) C. SCHNEIDER'S OF CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 300 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 1471.55
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement Fundraising Cost - Refreshments	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.27241

SUBTOTAL of Disbursements This Page (optional).....	1876.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 197 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SCHNEIDER'S OF CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 300 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 1344.79
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement Fundraising Cost - Refreshments	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28121
State: District:		

Full Name (Last, First, Middle Initial) B. SCHNEIDER'S OF CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 300 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 900.64
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement Fundraising Cost - Refreshments	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28021
State: District:		

Full Name (Last, First, Middle Initial) C. SCHNEIDER'S OF CAPITOL HILL		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 300 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 105.49
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement Fundraising Cost - Refreshments	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28199
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2350.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 198 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sea Gate Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2015
Mailing Address 1015 Beachview Drive		Amount of Each Disbursement this Period 442.60
City St. Simons Island	State GA	
Zip Code 31522	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28169
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SHOGUN JAPANESE RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 2325 VETERANS BLVD		Amount of Each Disbursement this Period 113.43
City METAIRIE	State LA	
Zip Code 70002	Purpose of Disbursement Dinner Meeting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28138
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Snowmass Ski Area		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 45 Village Square		Amount of Each Disbursement this Period 482.00
City Snowmass Village	State CO	
Zip Code 81615	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28029
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1038.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 199 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOMETHING SWEET		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 3708 MACOMB STREET, NW		Amount of Each Disbursement this Period 1196.28
City WASHINGTON State DC Zip Code 20016	Purpose of Disbursement Fundraising Cost - Catering	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28149
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES CO.		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Amount of Each Disbursement this Period 286.60
City DALLAS State TX Zip Code 75235	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27251
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES CO.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Amount of Each Disbursement this Period 1157.80
City DALLAS State TX Zip Code 75235	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28038
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2640.68
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES CO.			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015	
Mailing Address 2702 LOVE FIELD DRIVE			Amount of Each Disbursement this Period 8.00	
City DALLAS	State TX	Zip Code 75235	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.28171	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES CO.			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015	
Mailing Address 2702 LOVE FIELD DRIVE			Amount of Each Disbursement this Period 40.00	
City DALLAS	State TX	Zip Code 75235	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.27848	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Sprinkles Cupcakes			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015	
Mailing Address 735 S. Figueroa St.			Amount of Each Disbursement this Period 389.25	
City Los Angeles	State CA	Zip Code 90017	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & Beverage		Candidate Name	Transaction ID : SB17.28154	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	437.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ST. CATHERINE OF SIENNA SCHOOL		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 105 BONNABEL BLVD		Amount of Each Disbursement this Period 135.00
City METAIRIE State LA Zip Code 70005	Category/Type	
Purpose of Disbursement Sponsorship	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28180
State: District:		

Full Name (Last, First, Middle Initial) B. STEVE RUSSELL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 10600 S PENN AVE STE 16-284		Amount of Each Disbursement this Period 2000.00
City OKLAHOMA CITY State OK Zip Code 73170	Category/Type	
Purpose of Disbursement Donation to Candidate	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27839
State: OK District: 05		

Full Name (Last, First, Middle Initial) C. SWEETGREEN		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1065 5TH STREET, NW		Amount of Each Disbursement this Period 65.07
City WASHINGTON State DC Zip Code 20001	Category/Type	
Purpose of Disbursement Food & Beverage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28124
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2200.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 202 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TAYLOR GOURMET		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 485 K STREET, NW		Amount of Each Disbursement this Period 632.38
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement Meeting Expense - Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27240
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TAYLOR GOURMET		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 485 K STREET, NW		Amount of Each Disbursement this Period 1203.20
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement Meeting Expense - Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ASHLEY R. TERRELL		Date of Disbursement MM / DD / YYYY 01 / 07 / 2015
Mailing Address 31030 GLASCOCK ROAD		Amount of Each Disbursement this Period 900.00
City ALBANY	State LA	
Zip Code 70711	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2735.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 203 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ASHLEY R. TERRELL		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 31030 GLASCOCK ROAD		Amount of Each Disbursement this Period 250.00
City ALBANY State LA Zip Code 70711	Purpose of Disbursement Fundraising Cost - Labor	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		Transaction ID : SB17.27084

Full Name (Last, First, Middle Initial) B. ASHLEY R. TERRELL		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 31030 GLASCOCK ROAD		Amount of Each Disbursement this Period 900.00
City ALBANY State LA Zip Code 70711	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27157
State: District:		

Full Name (Last, First, Middle Initial) C. ASHLEY R. TERRELL		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 31030 GLASCOCK ROAD		Amount of Each Disbursement this Period 900.00
City ALBANY State LA Zip Code 70711	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27199
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 204 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ASHLEY R. TERRELL			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015	
Mailing Address 31030 GLASCOCK ROAD			Amount of Each Disbursement this Period 900.00	
City ALBANY	State LA	Zip Code 70711	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Candidate Name	Transaction ID : SB17.27308	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. ASHLEY R. TERRELL			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015	
Mailing Address 31030 GLASCOCK ROAD			Amount of Each Disbursement this Period 900.00	
City ALBANY	State LA	Zip Code 70711	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Candidate Name	Transaction ID : SB17.27346	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) C. ASHLEY R. TERRELL			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015	
Mailing Address 31030 GLASCOCK ROAD			Amount of Each Disbursement this Period 900.00	
City ALBANY	State LA	Zip Code 70711	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Candidate Name	Transaction ID : SB17.27851	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 205 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE CAPITAL GRILLE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 601 PENNSYLVANIA AVENUE, NW		Amount of Each Disbursement this Period 241.30
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27257
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE CAPITAL GRILLE		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 601 PENNSYLVANIA AVENUE, NW		Amount of Each Disbursement this Period 180.70
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28165
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE CAPITAL GRILLE		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 601 PENNSYLVANIA AVENUE, NW		Amount of Each Disbursement this Period 762.30
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Fundraising Cost - Catering	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28043
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1184.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 206 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Caucus Room		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 401 9th Street, NW		Amount of Each Disbursement this Period 541.72
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Fundraising Cost - Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE POLITICAL FIRM		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 5555 HILTON AVENUE SUITE 203		Amount of Each Disbursement this Period 3942.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement Media Expense - Electronic	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Ritz Carlton Key Biscayne		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 455 Grand Bay Dr.		Amount of Each Disbursement this Period 2762.65
City Key Biscayne	State FL	
Zip Code 33149	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.28048
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7246.37
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TOM MACARTHUR FOR CONGRESS INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO BOX 225		Amount of Each Disbursement this Period 2000.00
City COLONIA State NJ Zip Code 07067	Purpose of Disbursement Donation to Candidate	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27836

Full Name (Last, First, Middle Initial) B. TOMMY'S CUISINE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 746 TCHOUPITOULAS		Amount of Each Disbursement this Period 398.63
City NEW ORLEANS State LA Zip Code 70130	Purpose of Disbursement Dinner Meeting	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27209

Full Name (Last, First, Middle Initial) C. TOMMY'S CUISINE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 746 TCHOUPITOULAS		Amount of Each Disbursement this Period 640.60
City NEW ORLEANS State LA Zip Code 70130	Purpose of Disbursement Dinner Meeting	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27210

SUBTOTAL of Disbursements This Page (optional).....	3039.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 208 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. TORTILLA COAST

Full Name (Last, First, Middle Initial)
Mailing Address 400 1ST ST NW

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Fundraising Cost - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2015

Amount of Each Disbursement this Period: 664.13

Memo Item

Transaction ID : SB17.28015

B. TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 2085 E. WEST MAPLE ROAD A-101

City COMMERCE State MI Zip Code 48390

Purpose of Disbursement Donation to Candidate

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: MI District: 11

Date of Disbursement: 02 / 27 / 2015

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.27312

C. UBER TECHNOLOGIES INC.

Full Name (Last, First, Middle Initial)
Mailing Address 800 MARKET STREET

City SAN FRANCISCO State CA Zip Code 94102

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2015

Amount of Each Disbursement this Period: 412.59

Memo Item

Transaction ID : SB17.27069

SUBTOTAL of Disbursements This Page (optional) 3076.72

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 209 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 800 MARKET STREET			Amount of Each Disbursement this Period 179.99	
City SAN FRANCISCO	State CA	Zip Code 94102	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.27219	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015	
Mailing Address 800 MARKET STREET			Amount of Each Disbursement this Period 133.63	
City SAN FRANCISCO	State CA	Zip Code 94102	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.27166	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015	
Mailing Address 800 MARKET STREET			Amount of Each Disbursement this Period 43.23	
City SAN FRANCISCO	State CA	Zip Code 94102	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : SB17.28123	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	356.85
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 800 MARKET STREET			Amount of Each Disbursement this Period 60.85	
City SAN FRANCISCO	State CA	Zip Code 94102		
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015	
Mailing Address 800 MARKET STREET			Amount of Each Disbursement this Period 298.86	
City SAN FRANCISCO	State CA	Zip Code 94102		
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address PO BOX 66100			Amount of Each Disbursement this Period 1358.70	
City CHICAGO	State IL	Zip Code 60666		
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1718.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 211 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO BOX 66100		Amount of Each Disbursement this Period 15.00
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27350
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO BOX 66100		Amount of Each Disbursement this Period 125.00
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28050
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 1046.30
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27233
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1186.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 212 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015	
Mailing Address 4000 E. SKY HARBOR BLVD			Amount of Each Disbursement this Period 308.10	
City PHOENIX	State AZ	Zip Code 85034	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name		Transaction ID : SB17.27191		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. US AIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015	
Mailing Address 4000 E. SKY HARBOR BLVD			Amount of Each Disbursement this Period 72.00	
City PHOENIX	State AZ	Zip Code 85034	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name		Transaction ID : SB17.28190		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. UTZ QUALITY FOODS			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015	
Mailing Address 900 HIGH STREET			Amount of Each Disbursement this Period 143.00	
City HANOVER	State PA	Zip Code 17331	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Cost		Category/ Type		
Candidate Name		Transaction ID : SB17.28162		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	523.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 213 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VALADAO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 504 VAN NESS		Amount of Each Disbursement this Period 2000.00
City FRESNO	State CA Zip Code 93721	
Purpose of Disbursement Donation to Candidate	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: CA District: 21	Category/Type	Transaction ID : SB17.27329

Full Name (Last, First, Middle Initial) B. William Vanderbrook		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 6401 York Street		Amount of Each Disbursement this Period 2600.00
City Metairie	State LA Zip Code 70006	
Purpose of Disbursement In-kind - Accounting Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.27017

Full Name (Last, First, Middle Initial) c. Vendetta		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 1212 H Street, NE		Amount of Each Disbursement this Period 1030.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Fundraising Cost - Venue Rental/Catering	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.27177

SUBTOTAL of Disbursements This Page (optional).....	5630.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 214 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address 1 VERIZON WAY
CORPORATE HEADQUARTERS

City BASKING RIDGE State NJ Zip Code 07920

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 28 / 2015

Amount of Each Disbursement this Period: 138.89

Memo Item

Transaction ID : SB17.27163

B. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address 1 VERIZON WAY
CORPORATE HEADQUARTERS

City BASKING RIDGE State NJ Zip Code 07920

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2015

Amount of Each Disbursement this Period: 504.62

Memo Item

Transaction ID : SB17.27076

C. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address 1 VERIZON WAY
CORPORATE HEADQUARTERS

City BASKING RIDGE State NJ Zip Code 07920

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 26 / 2015

Amount of Each Disbursement this Period: 138.89

Memo Item

Transaction ID : SB17.27296

SUBTOTAL of Disbursements This Page (optional) 782.40

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 215 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015	
Mailing Address 1 VERIZON WAY CORPORATE HEADQUARTERS			Amount of Each Disbursement this Period 249.95	
City BASKING RIDGE	State NJ	Zip Code 07920	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Telephone		Candidate Name	Transaction ID : SB17.28186	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015	
Mailing Address 1 VERIZON WAY CORPORATE HEADQUARTERS			Amount of Each Disbursement this Period 143.89	
City BASKING RIDGE	State NJ	Zip Code 07920	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Telephone		Candidate Name	Transaction ID : SB17.27362	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Vineyard Vines			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015	
Mailing Address 37 Brownhouse Road			Amount of Each Disbursement this Period 6195.00	
City Stamford	State CT	Zip Code 06902	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Whip Team Members - Apparel		Candidate Name	Transaction ID : SB17.27218	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	6588.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 216 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VOTESANE PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 1325.00
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement Earmarked Contribution Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27957
State: District:		

Full Name (Last, First, Middle Initial) B. VOTESANE PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 200.00
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement Earmarked Contribution Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27959
State: District:		

Full Name (Last, First, Middle Initial) C. VOTESANE PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address PO BOX 2713		Amount of Each Disbursement this Period 250.00
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement Earmarked Contribution Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27958
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1775.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 217 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WAL-MART STORES, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015	
Mailing Address 702 SOUTHWEST CORPORATE HEADQUARTERS			Amount of Each Disbursement this Period 60.73	
City BENTONVILLE	State AR	Zip Code 72716		
Purpose of Disbursement Fundraising Cost			Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.27098	
State: District:				

Full Name (Last, First, Middle Initial) B. WAL-MART STORES, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015	
Mailing Address 702 SOUTHWEST CORPORATE HEADQUARTERS			Amount of Each Disbursement this Period 567.35	
City BENTONVILLE	State AR	Zip Code 72716		
Purpose of Disbursement Fundraising Cost			Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.28181	
State: District:				

Full Name (Last, First, Middle Initial) c. Westin Canal Place			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015	
Mailing Address 100 Rue Iberville St.			Amount of Each Disbursement this Period 2124.07	
City New Orleans	State LA	Zip Code 70130		
Purpose of Disbursement Meeting Cost - Venue Rental/Catering			Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.28153	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2752.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 218 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WE THE PIZZA		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 303 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 339.66
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28110
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WE THE PIZZA		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 303 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 185.89
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27992
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WHOLE FOODS MARKET, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 550 BOWIE STREET CORPORATE OFFICE		Amount of Each Disbursement this Period 670.88
City AUSTIN State TX Zip Code 78703	Purpose of Disbursement Fundraising Cost	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.28152
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1196.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 219 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILLIAM VANDERBROOK CPA		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 2900 CLEARVIEW PKWY SUITE 206		Amount of Each Disbursement this Period 3949.70
City METAIRIE State LA Zip Code 70006	Purpose of Disbursement Accounting Fees	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27078
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WILLIAM VANDERBROOK CPA		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 2900 CLEARVIEW PKWY SUITE 206		Amount of Each Disbursement this Period 1150.00
City METAIRIE State LA Zip Code 70006	Purpose of Disbursement Accounting Fees	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27198
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WILLIAM VANDERBROOK CPA		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 2900 CLEARVIEW PKWY SUITE 206		Amount of Each Disbursement this Period 1650.00
City METAIRIE State LA Zip Code 70006	Purpose of Disbursement Accounting Fee	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.27323
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	6749.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 220 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wrap2Go, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 703 Horton Drive		Amount of Each Disbursement this Period 414.96
City Silver Spring	State MD	
Zip Code 20902	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.28117
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. YODER FOR CONGRESS, INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO BOX 26742		Amount of Each Disbursement this Period 2000.00
City OVERLAND PARK	State KS	
Zip Code 66225	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27843
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KS District: 03		

Full Name (Last, First, Middle Initial) C. YOUNG FOR IOWA, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 2000.00
City VAN METER	State IA	
Zip Code 50261	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.27331
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 03		

SUBTOTAL of Disbursements This Page (optional).....	4414.96
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 221 OF 221	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. YOUNG FOR IOWA, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 2000.00
City VAN METER	State IA	
Zip Code 50261	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27840
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 03		

Full Name (Last, First, Middle Initial) B. ZELDIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 47 FLINTLOCK DRIVE		Amount of Each Disbursement this Period 2000.00
City SHIRLEY	State NY	
Zip Code 11967	Purpose of Disbursement Donation to Candidate	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.27339
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) C. ZORBA'S CAFE		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 1612 20TH STREET, NW		Amount of Each Disbursement this Period 257.95
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.28125
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4257.95
TOTAL This Period (last page this line number only).....	296766.24