

**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 1648 OF 1994	
	<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) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2019	
Mailing Address P.O. BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 450.00	
Purpose of Disbursement ANNUAL FEE		Category/ Type	Transaction ID : SB17.I17249	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2019	
Mailing Address P.O. BOX 105262			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30348-5262	Amount of Each Disbursement this Period 126.22	
Purpose of Disbursement PHONE SERVICE		Category/ Type	Transaction ID : SB17.I17252	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BLT PRIME</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2019	
Mailing Address 1100 PENNSYLVANIA AVE NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 1257.10	
Purpose of Disbursement CATERING/FACILITY RENTAL		Category/ Type	Transaction ID : SB17.I17261	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	