

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 141

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SCALISE LEADERSHIP FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAMPTON, LEE, CRUM, ,

Mailing Address P.O. BOX 2401

City
JACKSONState
MSZip Code
39225-2401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ERGON, INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
06	15	2018

Transaction ID : SA11A.30355

Amount of Each Receipt this Period

2500.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAMPTON, LESLIE, B., , III

Mailing Address P.O. BOX 2401

City
JACKSONState
MSZip Code
39225-2401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ERGONOccupation (for Individual)
PRESIDENT OF LABOR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
06	15	2018

Transaction ID : SA11A.30360

Amount of Each Receipt this Period

2500.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MABRY, TYSON, L., ,

Mailing Address 5802 7TH ST NW

City
WASHINGTONState
DCZip Code
20011-2008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	15	2018

Transaction ID : SA11A.30369

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00