

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

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

FOR LINE NUMBER: PAGE 324 OF 4237

(check only one)

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

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NAME OF COMMITTEE (In Full)

**SCALISE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**WIRT, CHARLES, R., ,**

**A.** Mailing Address 6175 NW 167 ST. G35

City  
MIAMI

State  
FL

Zip Code  
33015-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST INS CTR INC

Occupation  
INSURANCE BROKER

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 19 2018

Transaction ID : SA11A.121212

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WIRT, CHARLES, R., ,**

**B.** Mailing Address 6175 NW 167 ST. G35

City  
MIAMI

State  
FL

Zip Code  
33015-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST INS CTR INC

Occupation  
INSURANCE BROKER

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 19 2018

Transaction ID : SA11A.121213

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WOLD, ELAINE, , ,**

**C.** Mailing Address 215 SABAL PALM TERRACE

City  
BOCA RATON

State  
FL

Zip Code  
33432-7430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 19 2018

Transaction ID : SA11A.117382

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

1500.00

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