

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

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

FOR LINE NUMBER: PAGE 72 OF 172

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. MCCANT, LAURIE, , ,**

Mailing Address 530 TWIN RIVER DRIVE

City  
COVINGTONState  
LAZip Code  
70433-8508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
MERCEDES BENZ OF COVINGTON A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.262257

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

**B. WILLIAMS, LACY, H., ,**Mailing Address 416 TRAVIS STREET  
STE 1200City  
SHREVEPORTState  
LAZip Code  
71101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2019

Transaction ID : SA11A.268597

Amount of Each Receipt this Period

2800.00

☐ Memo Item  
 CONTRIBUTION

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

**C. STIPICEVIC, JOHN, A., ,**

Mailing Address 910 M ST NW

City  
WASHINGTONState  
DCZip Code  
20001-6313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CGCN GROUPOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2019

Transaction ID : SA11A.268600

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

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

4800.00