

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1877 OF 33319

(check only one)

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

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NAME OF COMMITTEE (In Full)

SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4892376.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	0

Transaction ID : SA11C.49291812969

Amount of Each Receipt this Period

100.00

☒ Memo Item
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**B.**

Full Name (Last, First, Middle Initial)

SAMUELSON, MAURENE, , ,

Mailing Address P O BOX 86

City

ROBERTSON

State

WY

Zip Code

82944-0086

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

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	0

Transaction ID : SA11A.493726

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4892376.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	0

Transaction ID : SA11C.49291812970

Amount of Each Receipt this Period

100.00

☒ Memo Item
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

100.00

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