

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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
01		17		2020

Transaction ID : SA11C.49052812043

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)

GILLIAM, MARK, , ,Mailing Address 400 TRAVIS STREET
SUITE 1700

City

SHREVEPORT

State

LA

Zip Code

71101-3126

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

Name of Employer

Occupation

SELF

ATTORNEY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		17		2020

Transaction ID : SA11A.499028B

Amount of Each Receipt this Period

- 100.00

☒ Memo Item
 CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

GILLIAM, MARK, , ,Mailing Address 400 TRAVIS STREET
SUITE 1700

City

SHREVEPORT

State

LA

Zip Code

71101-3126

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

Name of Employer

Occupation

SELF

ATTORNEY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2020

Transaction ID : SA11A.492852

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION
EARMARKED FROM WINRED; SEE
REDESIGNATION**SUBTOTAL** of Receipts This Page (optional)..... ▶

100.00

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