

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCALISE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLEN, KAREN, , ,
Mailing Address 1537 SHERWOOD WAY

City State Zip Code
EMPORIA KS 66801-5571

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 ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 16 2020

Transaction ID : SA11A.504599

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
WINRED
Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 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 Y Y
01 23 2020

Transaction ID : SA11C.50379923969

Amount of Each Receipt this Period

10.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

C. Full Name (Last, First, Middle Initial)
KUZMINSKY, BARBARA, , ,
Mailing Address 170 GREENTREE DRIVE

City State Zip Code
SAINT CLAIRSVILLE OH 43950-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
WHEELING HOSPITAL R.N.

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 16 2020

Transaction ID : SA11A.504613

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

20.00