

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

FOR LINE NUMBER: PAGE 5027 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

A. Full Name (Last, First, Middle Initial)
KUZMINSKY, BARBARA, , ,

Mailing Address 170 GREENTREE DRIVE

City SAINT CLAIRSVILLE	State OH	Zip Code 43950-1435
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FEC ID number of contributing
federal political committee.

C

Name of Employer
WHEELING HOSPITALOccupation
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
01		20		2020

Transaction ID : SA11A.505895

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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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		24		2020

Transaction ID : SA11C.50572125281

Amount of Each Receipt this Period

5.00

☒ 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 SAINT CLAIRSVILLE	State OH	Zip Code 43950-1435
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FEC ID number of contributing
federal political committee.

C

Name of Employer
WHEELING HOSPITALOccupation
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
01		20		2020

Transaction ID : SA11A.505896

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

10.00

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