

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)

PAGE 11180 OF 33319

☒ 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) WINRED			Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2020		
Mailing Address PO BOX 9891			Transaction ID : SA11C.52763852068		
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00		
ARLINGTON	VA	22219-1891	<input checked="" type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee.		C C00694323	SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD		
Name of Employer		Occupation			
Receipt For: 2020		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		_____ 4892376.13			
B. Full Name (Last, First, Middle Initial) PARKER, MARJORIE GAYLE, , ,			Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2020		
Mailing Address 308 SIRENA DRIVE			Transaction ID : SA11A.532915		
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00		
LAKE PLACID	FL	33852-6280	<input type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee.		C _____	EARMARKED FROM WINRED		
Name of Employer		Occupation			
LAKE PLACID HEALTHCARE		ACTIVITIES			
Receipt For: 2020		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		_____ 450.00			
C. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2020		
Mailing Address PO BOX 9891			Transaction ID : SA11C.52763852069		
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00		
ARLINGTON	VA	22219-1891	<input checked="" type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee.		C C00694323	SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD		
Name of Employer		Occupation			
Receipt For: 2020		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		_____ 4892376.13			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 50.00		
TOTAL This Period (last page this line number only)..... ▶			_____		