

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
02		06		2020

Transaction ID : SA11C.52763852278

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)

GAEKE, RICHARD, , ,

Mailing Address 42 N BREIEL BLVD

City

MIDDLETOWN

State

OH

Zip Code

45042-3804

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

Name of Employer

Occupation

MEDICAL ASSOCIATES OF MIDDLETOWN IN

PHYSICIAN M.D.

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

635.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		03		2020

Transaction ID : SA11A.533125

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
02		06		2020

Transaction ID : SA11C.52763852280

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)..... ▶