

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

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

FOR LINE NUMBER: PAGE 14105 OF 33319

(check only one)

☒ 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)
HOSTETLER, CHARLES, , ,
Mailing Address 4305 FOXHAVEN AVE. NW

City State Zip Code
CANTON OH 44718-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

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

Election Cycle-to-Date ▼
330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 09 2020

Transaction ID : SA11A.546603

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 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
02 13 2020

Transaction ID : SA11C.54220865792

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)
LOGEMANN, GAIL, , ,
Mailing Address 423 DAWSON AVENUE

City State Zip Code
ROCKFORD IL 61107-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
KP COUNSELING

Occupation
MARRIAGE AND FAMILY THERAPIST

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

Election Cycle-to-Date ▼
235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 09 2020

Transaction ID : SA11A.546606

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

10.00