

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15668 OF 33319

<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)

GILLIAM, MARK, , ,**A.**Mailing Address 400 TRAVIS STREET
SUITE 1700

City

SHREVEPORT

State

LA

Zip Code

71101-3126

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELFOccupation
ATTORNEY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	0

Transaction ID : SA11A.553493

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION
EARMARKED FROM WINRED; SEE
REDESIGNATION

Full Name (Last, First, Middle Initial)

WINRED**B.**

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
0	2		1	9		2	0	2	0

Transaction ID : SA11C.55195872657

Amount of Each Receipt this Period

250.00

☒ Memo Item
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

JOHNSON, MARNA, , ,**C.**

Mailing Address 914 GUMP ROAD EAST

City

FORT WAYNE

State

IN

Zip Code

46845-9003

FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	0

Transaction ID : SA11A.553494

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

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

500.00

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