

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

PAGE 16534 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)

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 Y
02 / 21 / 2020**Transaction ID : SA11C.55529777088**

Amount of Each Receipt this Period

25.00

☒

Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**B.**

Full Name (Last, First, Middle Initial)

LEWIS, BOBBY, , ,

Mailing Address 5316 SANTA TERESA DR.

City

EL PASO

State

TX

Zip Code

79932-2538

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

Name of Employer

Occupation

DEPT OF VETERANS AFFAIRS

SOCIAL WORKER

Receipt For: 2020

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2020**Transaction ID : SA11A.557869**

Amount of Each Receipt this Period

25.00

☐

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 Y
02 / 21 / 2020**Transaction ID : SA11C.55529777089**

Amount of Each Receipt this Period

25.00

☒

Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

25.00