

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17939 OF 33319

(check only one)

<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)

**ROWE, WILLIAM, , ,**

Mailing Address 35620 ASH RD

City

NEW BOSTON

State

MI

Zip Code

48164-9634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
PROPERTY MANAGEMENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	0

Transaction ID : SA11A.563271

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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
0	2		2	1		2	0	2	0

Transaction ID : SA11C.55529782492

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

**KING, QUINCY, , ,**

Mailing Address 60 WEST HIGHLAND AVENUE

City

MELROSE

State

MA

Zip Code

02176-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPE COD HOSPITALOccupation  
PHYSICIAN ASSISTANT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	0

Transaction ID : SA11A.563273

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

200.00

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