

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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☒ 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) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2020		
Mailing Address PO BOX 9891			Transaction ID : SA11C.56337584452		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period _____ 5.00		
FEC ID number of contributing federal political committee. C C00694323		Name of Employer Occupation			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 4892376.13			
B. Full Name (Last, First, Middle Initial) WILLENBERG, BILL, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 19 / 2020		
Mailing Address 1002 HARWOOD CT			Transaction ID : SA11A.565031		
City EULESS	State TX	Zip Code 76039-3921	Amount of Each Receipt this Period _____ 5.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 805.00			
C. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2020		
Mailing Address PO BOX 9891			Transaction ID : SA11C.56337584453		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period _____ 35.00		
FEC ID number of contributing federal political committee. C C00694323		Name of Employer Occupation			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 4892376.13			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 5.00		
TOTAL This Period (last page this line number only)..... ▶			_____		