

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

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<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)

**GOLDMAN, TATIANA, , ,**

Mailing Address 462 DUNLIN PLAZA

City

SECAUCUS

State

NJ

Zip Code

07094-2202

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 ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	0

Transaction ID : SA11A.606418

Amount of Each Receipt this Period

10.00

☐ 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	3		1	1		2	0	2	0

Transaction ID : SA11C.604030125643

Amount of Each Receipt this Period

10.00

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

Full Name (Last, First, Middle Initial)

**EISELE, KANDRA, , ,**

Mailing Address P.O. BOX 283

City

SHERIDAN

State

WY

Zip Code

82801-0283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNSON COUNTY HEALTHCARE

Occupation

RAN

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	0

Transaction ID : SA11A.606419

Amount of Each Receipt this Period

10.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

20.00