

**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)

**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
03		16		2020

**Transaction ID : SA11C.613362135763**

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)

**KUZMINSKY, BARBARA, , ,**

Mailing Address 170 GREENTREE DRIVE

City

SAINT CLAIRSVILLE

State

OH

Zip Code

43950-1435

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

Name of Employer

WHEELING HOSPITAL

Occupation

R.N.

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		11		2020

**Transaction ID : SA11A.616346**

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
03		16		2020

**Transaction ID : SA11C.613362135764**

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)..... ▶

25.00

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