

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 03 / 26 / 2020	
Mailing Address PO BOX 9891			Transaction ID : SA11C.624591144925	
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period _____ 50.00	
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) GRAFTON, WILLIAM, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2020	
Mailing Address 1351 PEVAHOUSE HOLLOW RD.			Transaction ID : SA11A.625975	
City CLIFTON	State TN	Zip Code 38425-5132	Amount of Each Receipt this Period _____ 50.00	
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 ▼ _____ 435.00		
C. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2020	
Mailing Address PO BOX 9891			Transaction ID : SA11C.624591144926	
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period _____ 50.00	
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)..... ▶			_____ 50.00	
TOTAL This Period (last page this line number only)..... ▶			_____	