

**SCHEDULE A (FEC Form 3X)**  
**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"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COSTA, JOSE, A., , JR.**

Mailing Address 210 EDGEWATER DRIVE

City  
CORAL GABLESState  
FLZip Code  
33133-6622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COSTA NURSERY FARMSOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
03	31	2020

Transaction ID : SA11A.628220

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOLMES, NED, S., , JR.**Mailing Address 55 WAUGH DRIVE  
STE 1111City  
HOUSTONState  
TXZip Code  
77007-5837FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOLMES INVESTMENT INCOccupation (for Individual)  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	31	2020

Transaction ID : SA11A.628221

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KING, ROBERT, C., ,**

Mailing Address 928 SHADY LANE

City  
LAKE CHARLESState  
LAZip Code  
70601-8384FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
03	31	2020

Transaction ID : SA11A.628232

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

5500.00