

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEAM SCALISE FEDERAL**

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

**A. REYES, J CHRISTOPHER, , ,**

Mailing Address 777 S FLAGLER DR  
STE 1500

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REYES HOLDINGS LLC

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2018

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. REYES, M JUDE, , ,**

Mailing Address 777 S FLAGLER DR  
STE 1500

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REYES HOLDINGS LLC

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2018

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROWE, JOHN, W, ,**

Mailing Address PO BOX 805398

City  
CHICAGO

State  
IL

Zip Code  
60680

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2018

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period

5400.00

☐ Memo Item  
CONTRIBUTION

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

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

15400.00