

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SCALISE LEADERSHIP FUND

ADDRESS (number and street)

320 FIRST ST SE

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00568162

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

OTTENHOFF, BENJAMIN, , ,

Signature of Treasurer

OTTENHOFF, BENJAMIN, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**SCALISE LEADERSHIP FUND**Report Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
01		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
03		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>660644.61</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>660644.61</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>2576102.25</div></div>	<div><div></div><div>2576102.25</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>3236746.86</div></div>	<div><div></div><div>3236746.86</div></div>
7. Total Disbursements (from Line 31) .....	<div><div></div><div>2371747.08</div></div>	<div><div></div><div>2371747.08</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>864999.78</div></div>	<div><div></div><div>864999.78</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

## **SCALISE LEADERSHIP FUND**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 / 01 / 2025

To:

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

### **I. Receipts**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

#### 11. Contributions (other than loans) From:

##### (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1577297.25

1577297.25

(ii) Unitemized .....

505.00

505.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1577802.25

1577802.25

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

998300.00

998300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

2576102.25

2576102.25

#### 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

#### 13. All Loans Received .....

0.00

0.00

#### 14. Loan Repayments Received.....

0.00

0.00

#### 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

#### 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

#### 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

#### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

#### 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

2576102.25

2576102.25

#### 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

2576102.25

2576102.25

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	755846.59	755846.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	755846.59	755846.59
22. Transfers to Affiliated/Other Party Committees.....	1486200.49	1486200.49
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	124700.00	124700.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	129700.00	129700.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2371747.08	2371747.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2371747.08	2371747.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2576102.25	2576102.25
34. Total Contribution Refunds (from Line 28(d)) .....	129700.00	129700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2446402.25	2446402.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	755846.59	755846.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	755846.59	755846.59

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 159

(check only one)

<input checked="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			

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)

**SCALISE LEADERSHIP FUND**

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

**A. COLE, RICHARD, , MR.,**Mailing Address 9150 SOUTH DADELAND BOULEVARD  
SUITE 1400City  
MIAMIState  
FLZip Code  
33156-7855FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLE, SCOTT & KISSANE P.A.Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 02 / 2025

Transaction ID : SA11A.4692357

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PEAD, PHILIP, , ,**

Mailing Address 1660 S BAYSHORE CT. APT 502

City  
MIAMIState  
FLZip Code  
33133-4079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 02 / 2025

Transaction ID : SA11A.4692358

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

**C. KEMPTON, GREGORY, G., ,**

Mailing Address P.O. BOX 1188

City  
GRETNState  
LAZip Code  
70054-1188FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 13 / 2025

Transaction ID : SA11A.4704418

Amount of Each Receipt this Period

3300.00

☐ Memo Item  
CONTRIBUTION

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

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

123300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 159

(check only one)

<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. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2025

Transaction ID : SA11C.4704414

Amount of Each Receipt this Period

5400.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. CAHILL, ELWOOD, F., , JR.**

Mailing Address 909 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70112-4000FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

SHER GARNER CAHILL RICHTER KLEIN &amp; HIL

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 08 / 2025

Transaction ID : SA11A.4704416

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. COX, CHRISTOPHER, C., MR.,**

Mailing Address 1908 CASEY KEY ROAD

City  
NOKOMISState  
FLZip Code  
34275-3319FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

NAVIGATORS GLOBAL

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2025

Transaction ID : SA11A.4704415

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

5300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 159

(check only one)

<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. STAHL, LEWIS, , ,**

Mailing Address 6398 NW 40TH CT

City  
BOCA RATONState  
FLZip Code  
33496-4007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEXTGEN MGMTOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2025

Transaction ID : SA11A.4720334

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2025

Transaction ID : SA11C.4720549

Amount of Each Receipt this Period

3300.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. WHELAN, ROBERT, , MR.,**

Mailing Address 2215 LAKESHORE DR.

City  
MANDEVILLEState  
LAZip Code  
70448-5735FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 13 / 2025

Transaction ID : SA11A.4720550

Amount of Each Receipt this Period

3300.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

28300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 159

(check only one)

<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. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2025

Transaction ID : SA11C.4747828

Amount of Each Receipt this Period

32400.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. FARRELL, KENNETH, , ,**

Mailing Address PO BOX 9047

City  
METAIRIEState  
LAZip Code  
70055-9047FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

SELF

SPORTS INDUSTRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 17 / 2025

Transaction ID : SA11A.4747832

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. FRAZEE, ELIZABETH, , ,**

Mailing Address 6313 EVERMAY DR.

City  
MC LEANState  
VAZip Code  
22101-2309FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

TWINLOGIC STRATEGIES

CONSULTANT/ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 17 / 2025

Transaction ID : SA11A.4747833

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

18300.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 159

(check only one)

<input checked="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. RAEDER, STEVE, , ,**

Mailing Address 6626 32ND ST. N

City  
ARLINGTONState  
VAZip Code  
22213-1608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SUMMIT RIDGE ENERGYOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 23 / 2025

Transaction ID : SA11A.4747829

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. REISING, JOHN, , ,**

Mailing Address 1155 F STREET NW

City  
WASHINGTONState  
DCZip Code  
20004-1312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BROWNSTEIN HYATT FARBER SCHRECK, LLPOccupation (for Individual)  
POLICY DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2025

Transaction ID : SA11A.4747831

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. SHAPIRO, DAN, , ,**

Mailing Address 123 BLUE HERON DR.

City  
MANDEVILLEState  
LAZip Code  
70471-8205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2025

Transaction ID : SA11A.4747830

Amount of Each Receipt this Period

6600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

14100.00

**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 159

(check only one)

<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. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 03 / 2025**Transaction ID : SA11C.4760944**

Amount of Each Receipt this Period

37750.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. BARCZYK, DAVID, , ,**

Mailing Address 5687 ISLAND ROAD

City  
JARREAUState  
LAZip Code  
70749-3307FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)  
CHIROPRACTIC PHYSICIAN

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2025**Transaction ID : SA11A.4760952**

Amount of Each Receipt this Period

1650.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. FABIANO II, JAMES, , ,**

Mailing Address 1885 BEVANDA COURT

City  
BAY CITYState  
MIZip Code  
48706-8720FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FABIANOBROTHERS.COMOccupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2025**Transaction ID : SA11A.4760948**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

2650.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 159

(check only one)

<input checked="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. GREEN, JEFF, , ,**

Mailing Address 10704 ALLOWAY DRIVE

City  
POTOMACState  
MDZip Code  
20854-1601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J.A. GREEN CO.Occupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 24 / 2025**Transaction ID : SA11A.4760956**

Amount of Each Receipt this Period

6600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. HERSON, MICHAEL, , ,**

Mailing Address 8709 BURNING TREE ROAD

City  
BETHESDAState  
MDZip Code  
20817-3054FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICAN DEFENSE INTERNATIONALOccupation (for Individual)  
GOVERNMENT AFFAIRS CONSULTA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2025**Transaction ID : SA11A.4760951**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. JENKINS, ERIK, , ,**

Mailing Address 6707 SUNNINGDALE DR

City  
WESTERVILLEState  
OHZip Code  
43082-7738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE COLUMBUS DISTRIBUTING COMPANYOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2025**Transaction ID : SA11A.4760949**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

17600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 159

(check only one)

<input checked="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. JOHNSON, JOHN, , ,**

Mailing Address 7777 WASHINGTON AVE

City  
HOUSTONState  
TXZip Code  
77007-1037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SILVER EAGLE HOUSTONOccupation (for Individual)  
BEER SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2025**Transaction ID : SA11A.4760947**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. LEDNICK, MARK, , ,**

Mailing Address PO BOX 6

City  
IMPERIALState  
MOZip Code  
63052-0006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
H.W. HERRELL DISTRIBUTING COMPANYOccupation (for Individual)  
VP GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2025**Transaction ID : SA11A.4760945**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MCLEOD, GREGORY, , ,**

Mailing Address 3810 S DREXEL AVE

City  
TAMPAState  
FLZip Code  
33611-1518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEPIN DISTRIBUTING COOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2025**Transaction ID : SA11A.4760950**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

7000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 159

(check only one)

<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. NEYHART, THOMAS, , ,**

Mailing Address 145 JAMES DR EAST SUITE 300

City  
ST ROSEState  
LAZip Code  
70087-4006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POSIGEN PBCOccupation (for Individual)  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2025

Transaction ID : SA11A.4760955

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. REISER, MARTIN, , MR.,**

Mailing Address 303 D STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003-2025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S-3 GROUPOccupation (for Individual)  
GOVERNMENT RELATIONS

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  
01 / 27 / 2025

Transaction ID : SA11A.4760953

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. ROGERS, SARAH, , ,**

Mailing Address 1723 CHESTERFORD WAY

City  
MCLEANState  
VAZip Code  
22101-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAVIGATORS GLOBALOccupation (for Individual)  
VP, LEGISLATIVE AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2025

Transaction ID : SA11A.4760946

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

9500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 159

(check only one)

<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. SCHWAB, SARAH, , ,**

Mailing Address 3800 MILNER ROAD

City  
NEWARKState  
OHZip Code  
43055-9304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MATESICH DISTRIBUTINGOccupation (for Individual)  
CO-OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2025

Transaction ID : SA11A.4760954

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2025

Transaction ID : SA11C.4761261

Amount of Each Receipt this Period

123333.33

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. BRIGHT, EDGAR, A., , III**Mailing Address 701 POYDRAS STREET  
STE 300 PLAZACity  
NEW ORLEANSState  
LAZip Code  
70139-6001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STANDARD MORTGAGE CORPORATIONOccupation (for Individual)  
MORTGAGE BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2025

Transaction ID : SA11A.4761278

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

4500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 159

(check only one)

<input checked="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. BUSBICE, BILL, , ,**

Mailing Address 15402 VANTAGE PARKWAY E

City  
HOUSTONState  
TXZip Code  
77032-1966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAST TRAC TRANSPORTATIONOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2025

Transaction ID : SA11A.4761273

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. CANIZARO, JOSEPH, C., ,**

Mailing Address 909 POYDRAS ST SUITE 1700

City  
NEW ORLEANSState  
LAZip Code  
70112-4010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2025

Transaction ID : SA11A.4761263

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. DAVIS, CHRIS, , ,**

Mailing Address 39390 LAKELAND AVE

City  
PRAIRIEVILLEState  
LAZip Code  
70769-4845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOCKLER BEVERAGEOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 05 / 2025

Transaction ID : SA11A.4761269

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

8000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 159

(check only one)

<input checked="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. DOLLSHEEDER, LAUREN, , ,**

Mailing Address 903 STATE STREET

City  
GUTHRIE CENTERState  
IAZip Code  
50115-1537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DOLL DISTRIBUTINGOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 03 / 2025**Transaction ID : SA11A.4761280**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. FLOWER, PAUL, H., ,**

Mailing Address 1230 CALHOUN ST.

City  
NEW ORLEANSState  
LAZip Code  
70118-6002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WOODWARD DESIGN BUILD LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2025**Transaction ID : SA11A.4761276**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. HAEUSER, DANIEL, L., MR.,**

Mailing Address 3500 TERMINAL DRIVE

City  
NEW ORLEANSState  
LAZip Code  
70115-7796FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COASTAL CARGOOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2025**Transaction ID : SA11A.4761279**

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

11500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 159

(check only one)

<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. HAMER, GREGORY, J., , SR.**

Mailing Address PO DRAWER 3608

City  
MORGAN CITYState  
LAZip Code  
70381-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BG FOOD ENTERPRISES LLCOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 05 / 2025

Transaction ID : SA11A.4761268

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. HEAFITZ, JONATHAN, , ,**

Mailing Address 2704 EMMET RD

City  
SILVER SPRINGState  
MDZip Code  
20902-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PCMAOccupation (for Individual)  
SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2025

Transaction ID : SA11A.4761282

Amount of Each Receipt this Period

833.33

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. KUTTEL, FRANCOIS, , ,**

Mailing Address 365 CANAL STREET, SUITE 1410

City  
NEW ORLEANSState  
LAZip Code  
70130-1198FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WESTBANK FISHING LLCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2025

Transaction ID : SA11A.4761265

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

7833.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 159

(check only one)

<input checked="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. LACORTE, WILLIAM, BILLY, , II**

Mailing Address 519 METAIRIE RD

City  
METAIRIEState  
LAZip Code  
70005-4311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2025

Transaction ID : SA11A.4761274

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. LAMARQUE, RONALD, MICHAEL, MR.,**

Mailing Address 1601 LAKESHORE DR.

City  
NEW ORLEANSState  
LAZip Code  
70122-2211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAMARQUE AUTOMOTIVEOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2025

Transaction ID : SA11A.4761267

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MAENZA, MICHAEL, , ,**

Mailing Address 1 PURPLE MARTIN LN

City  
MANDEVILLEState  
LAZip Code  
70471-3366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MMI CULINARYOccupation (for Individual)  
PRESIDENT, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2025

Transaction ID : SA11A.4761277

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 159

(check only one)

<input checked="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. MANCINI, KENNETH, , ,**

Mailing Address 119 HOPKINS HILL RD

City  
WEST GREENWICHState  
RIZip Code  
02817-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MANCINI BEVERAGEOccupation (for Individual)  
PRESIDENT CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2025

Transaction ID : SA11A.4761283

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. MENTZ, GEORGE, , MR.,**

Mailing Address 18 N 16TH STREET

City  
COLORADO SPRINGSState  
COZip Code  
80906-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2025

Transaction ID : SA11A.4761275

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MIREMONT, DANIEL, , ,**

Mailing Address 5687 ISLAND ROAD

City  
JARREAUState  
LAZip Code  
70749-3307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2025

Transaction ID : SA11A.4761271

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

8000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 159

(check only one)

<input checked="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. POTTER, DENNIS, , ,**

Mailing Address 6412 DAHLONEGA RD

City  
BETHESDAState  
MDZip Code  
20816-2102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOLLAND & KNIGHTOccupation (for Individual)  
GOVT. AFFAIRS ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 05 / 2025**Transaction ID : SA11A.4761270**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. RICHARDSON, JEFFREY, C., ,**

Mailing Address P.O. BOX 11650

City  
ALEXANDRIAState  
LAZip Code  
71315-1650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RICHARDSON COMPANIESOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2025**Transaction ID : SA11A.4761264**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. ROTNER, PAUL, , ,**

Mailing Address 110 VETERANS BLVD., STE. 203A

City  
METAIRIEState  
LAZip Code  
70005-4914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACME MANAGEMENT GROUPOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2025**Transaction ID : SA11A.4761272**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

17000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 159

(check only one)

<input checked="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. SCHOTT, STACEY, SHANE, MRS.,**

Mailing Address 19 OAKLAND ROAD

City  
KENNERState  
LAZip Code  
70065-6615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAVROT AND SHANEOccupation (for Individual)  
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2025

Transaction ID : SA11A.4761262

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. SPEARS, JOHN, D., ,**

Mailing Address 1285 GULF SHORE BOULEVARD NORTH, 7

City  
NAPLESState  
FLZip Code  
34102-4903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TWEEDY BROWNEOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2025

Transaction ID : SA11A.4761281

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. STANT, CHRIS, , ,**

Mailing Address 377 FOREST BROOK BLVD

City  
MANDEVILLEState  
LAZip Code  
70448-8474FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WOODGLENOccupation (for Individual)  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2025

Transaction ID : SA11A.4761266

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

57000.00

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

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

FOR LINE NUMBER: PAGE 23 OF 159

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. HAMER, GREGORY, , , JR.**

Mailing Address POST OFFICE BOX 1536

City  
MORGAN CITY

State  
LA

Zip Code  
70381-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
B G FOOD ENTERPRISES

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2025

Transaction ID : SA11A.4786176

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

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

**B. NICOLADIS, MICHAEL, F., ,**

Mailing Address 17 WAVERLY PLACE

City  
METAIRIE

State  
LA

Zip Code  
70003-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NY ASSOCIATES INC

Occupation (for Individual)  
ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2025

Transaction ID : SA11A.4786175

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

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

**C. 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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2025

Transaction ID : SA11C.4786213

Amount of Each Receipt this Period

41250.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

4800.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 159

(check only one)

<input checked="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. BERNACKI, LINDA, , ,**

Mailing Address 10975 BELLE COUR WAY

City  
SHREVEPORTState  
LAZip Code  
71106-7706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIRE TECH SYSTEMS, INC.Occupation (for Individual)  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2025

Transaction ID : SA11A.4786219

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. CARRERE, JOHN, , MR.,**

Mailing Address 555 AUDUBON STREET

City  
NEW ORLEANSState  
LAZip Code  
70118-4949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 07 / 2025

Transaction ID : SA11A.4786225

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. DEGAN III, SIDNEY, , ,**

Mailing Address 1745 LAKESHORE DRIVE

City  
NEW ORLEANSState  
LAZip Code  
70122-2213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIDNEY W. DEGAN IIIOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2025

Transaction ID : SA11A.4786217

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

10500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 159

(check only one)

<input checked="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. DONALDSON, EDWARD, L., , JR.**

Mailing Address 2960 EAST GAUSE BLVD.

City  
SLIDELLState  
LAZip Code  
70461-4153FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2025

Transaction ID : SA11A.4786226

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. FARRELL, RICHARD, , ,**

Mailing Address 4534 SAINT CHARLES AVENUE

City  
NEW ORLEANSState  
LAZip Code  
70115-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RF DEVELOPMENT LLCOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2025

Transaction ID : SA11A.4786224

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. FUNCHION, MATTHEW, , ,**

Mailing Address 288 STONEGATE DRIVE

City  
DEVONState  
PAZip Code  
19333-1857FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PENN BEER SALES AND SERVICEOccupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2025

Transaction ID : SA11A.4786216

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

8000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 159

(check only one)

<input checked="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. GEORGUSIS, JOSEPH, , ,**Mailing Address 3421 N CAUSEWAY BLVD  
STE 802City  
METAIRIEState  
LAZip Code  
70002-3746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARK INVESTMENTS, LTDOccupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2025

Transaction ID : SA11A.4786223

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. GIORGIO, LEON, , , JR**

Mailing Address P.O. BOX 75010

City  
METAIRIEState  
LAZip Code  
70033-5010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELECT PROPERTIESOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2025

Transaction ID : SA11A.4786220

Amount of Each Receipt this Period

1750.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. JEANSONNE, MARK, , ,**

Mailing Address 419 NORTHLINE ST.

City  
METAIRIEState  
LAZip Code  
70005-4451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENERAL WORK PRODUCTSOccupation (for Individual)  
V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2025

Transaction ID : SA11A.4786222

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

8750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 159

(check only one)

<input checked="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. JOHNSON, MICHAEL, T., ,**

Mailing Address 479 AUDUBON STREET

City  
NEW ORLEANSState  
LAZip Code  
70118-4947FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ADVANTAGE CAPITAL MANAGEMENT CORPOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2025

Transaction ID : SA11A.4786218

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. NEWTON, BRUCE, , ,**

Mailing Address 217 KELLER STREET

City  
BAY ST LOUISState  
MSZip Code  
39520-4317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIGITAL ENGINEERING & IMAGING, INC.Occupation (for Individual)  
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2025

Transaction ID : SA11A.4786214

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. PREGEANT, BRAD, , ,**

Mailing Address 9472 HIGHWAY 1

City  
LOCKPORTState  
LAZip Code  
70374-4221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GISOccupation (for Individual)  
SR. VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2025

Transaction ID : SA11A.4786215

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 159

(check only one)

<input checked="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. WAMPOLD, MIKE, , ,**

Mailing Address 4171 ESSEN LN, SUITE 1200

City  
BATON ROUGEState  
LAZip Code  
70809-2157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WAMPOLD COMPANIESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2025

Transaction ID : SA11A.4786221

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. BUTLER, BEN, , ,**

Mailing Address 5701 MAGAZINE STREET

City  
NEW ORLEANSState  
LAZip Code  
70115-3209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PUBLIC PROPERTIES, LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11A.4786283

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

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

**C. HIPP, VAN, D., , JR.**

Mailing Address 809 N. QUAKER LANE

City  
ALEXANDRIAState  
VAZip Code  
22302-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICAN DEFENSE INTERNATIONALOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11A.4786281

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

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

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

16800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 159

(check only one)

<input checked="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. LAURICELLA, LOUIS, , ,**

Mailing Address 1200 SO. CLEARVIEW PKWY.

City  
NEW ORLEANSState  
LAZip Code  
70123-2300FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAURICELLA LAND COMPANYOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11A.4786278

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

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

**B. MITCHELL, GREGORY, , ,**

Mailing Address 530 CHARLES ROAD

City  
SAN ANTONIOState  
TXZip Code  
78209-5904FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11A.4786274

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**C. WHITE, ED, , ,**Mailing Address 2637 EDENBORN AVENUE  
SUITE 100City  
METAIRIEState  
LAZip Code  
70002-7042FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ED WHITE & ASSOCIATESOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11A.4786279

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

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

4800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 159

(check only one)

<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. EDATTEL, PAUL, , ,**

Mailing Address 3124 HOLMES RUN RD

City  
FALLS CHURCHState  
VAZip Code  
22042-4308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TODD STRATEGY GROUOPOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2025

Transaction ID : SA11A.4786359

Amount of Each Receipt this Period

6600.00

☐ Memo Item

CONTRIBUTION

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

**B. MCGIVERN, TIM, , ,**Mailing Address 1634 14TH STREET NW  
UNIT 203City  
WASHINGTONState  
DCZip Code  
20009-5443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OGILVY GOVERNMENT RELATIONSOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA11A.4803200

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA11C.4786438

Amount of Each Receipt this Period

76800.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

9600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 159

(check only one)

<input checked="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. CRAPPEL, ADAM, , MR., JR.**

Mailing Address P.O. BOX 309

City  
PATTERSONState  
LAZip Code  
70392-0309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AE TOUCH TECHNOLOGIES, INC.Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2025

Transaction ID : SA11A.4786445

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. CVITANOVICH, DAVID, P., ,**

Mailing Address 209 PARKSIDE CT

City  
BELLE CHASSEState  
LAZip Code  
70037-1679FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
NAVIGATION CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2025

Transaction ID : SA11A.4786439

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. CVITANOVICH, DAVID, P., ,**

Mailing Address 209 PARKSIDE CT

City  
BELLE CHASSEState  
LAZip Code  
70037-1679FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
NAVIGATION CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2025

Transaction ID : SA11A.4786440

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

17000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 159

(check only one)

<input checked="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. CVITANOVICH, DAVID, P., ,**

Mailing Address 209 PARKSIDE CT

City  
BELLE CHASSEState  
LAZip Code  
70037-1679FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
NAVIGATION CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA11A.4848867

Amount of Each Receipt this Period

- 3500.00

☐ Memo Item

CONTRIBUTION

2025 AGGREGATE; EARMARKED BY WINRED -  
CHARGED BACK

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

**B. GUILLOT, RANDY, P., ,**

Mailing Address 9 MULBERRY PT.

City  
COVINGTONState  
LAZip Code  
70433-8511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRIPLE G EXPRESSOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2025

Transaction ID : SA11A.4786455

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. HIRSCHMANN, SUSAN, B., ,**

Mailing Address 4875 MAURY LANE

City  
ALEXANDRIAState  
VAZip Code  
22304-1909FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIAMS AND JENSENOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11A.4786443

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

9800.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 159

(check only one)

<input checked="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. MASSEY, DONALD, , ,**

Mailing Address 100 NORTHLAKE DR.

City  
MANDEVILLEState  
LAZip Code  
70448-4571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ADAMS & REESEOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2025

Transaction ID : SA11A.4786449

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. MCKERNAN, GORDON, , ,**

Mailing Address 5656 HILTON AVE

City  
BATON ROUGEState  
LAZip Code  
70808-2524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GORDON MCKERNAN INJURY ATTORNEYSOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2025

Transaction ID : SA11A.4786453

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MORRISON, GREGORY, , MR.,**

Mailing Address 846 ERIE STREET

City  
SHREVEPORTState  
LAZip Code  
71106-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
G&G LEASING LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2025

Transaction ID : SA11A.4786452

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 159

(check only one)

<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. NEYHART, THOMAS, A., ,**

Mailing Address 1301 N RAMPART ST, UNIT 500

City  
NEW ORLEANSState  
LAZip Code  
70116-2658FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POSIGENOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11A.4786442

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. PICARD, TYRON, D., MR.,**Mailing Address 1200 CAMELLIA BOULEVARD  
SUITE 101City  
LAFAYETTEState  
LAZip Code  
70508-6163FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PICARD & ASSOCIATESOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2025

Transaction ID : SA11A.4786454

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. PLAUCHE, JOHN, , ,**

Mailing Address 3404 JAMES DRIVE

City  
METAIRIEState  
LAZip Code  
70003-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2025

Transaction ID : SA11A.4786444

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

8500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 159

(check only one)

<input checked="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. SAVOIE, ROBERT, A., ,**

Mailing Address 120 AUDUBON BOULEVARD

City  
NEW ORLEANSState  
LAZip Code  
70118-5541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEV1TECHOccupation (for Individual)  
CSEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2025

Transaction ID : SA11A.4786450

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. STUMPF-FARRELL, DANA, , ,**

Mailing Address 260 ROSEWOOD DR

City  
METAIRIEState  
LAZip Code  
70005-3936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DURR HEAVY CONSTRUCTION, LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2025

Transaction ID : SA11A.4786446

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. TRASCHER, BRIAN, , ,**

Mailing Address 1041 CONSTANCE ST #310

City  
NEW ORLEANSState  
LAZip Code  
70130-3884FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GSSOccupation (for Individual)  
SENIOR PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2025

Transaction ID : SA11A.4786441

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 159

(check only one)

<input checked="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. WHITE, BRYAN, , ,**

Mailing Address 2601 SEVERN AVE

City  
METAIRIEState  
LAZip Code  
70002-5934FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AL COPELAND INVESTMENTS LLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2025

Transaction ID : SA11A.4786447

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WORKMAN, CHRIS, , ,**

Mailing Address 341 CHINAWOOD DRIVE

City  
ABITA SPRINGSState  
LAZip Code  
70420-4013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TIMBER CREEK INSURANCE SERICESOccupation (for Individual)  
INSURANCE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2025

Transaction ID : SA11A.4786451

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. ZULKOSKY, ERIC, T., ,**

Mailing Address 2700 N RANDOLPH ST

City  
ARLINGTONState  
VAZip Code  
22207-5223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIERCE GOVERNMENT RELATIONSOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2025

Transaction ID : SA11A.4786448

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

17000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 159

(check only one)

<input checked="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. COOPER, DERICK, , MR.,**

Mailing Address 3405 OCEAN DRIVE

City  
VERO BEACHState  
FLZip Code  
32963-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QOL MEDICALOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4803624

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

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

**B. DOWNING, BROOKE, , ,**

Mailing Address 305 RUE PETITE

City  
COVINGTONState  
LAZip Code  
70433-7265FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROSS DOWNING AUTO GROUPOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4803620

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. DOWNING, DUDLEY, R., ,**

Mailing Address PO BOX 2908

City  
HAMMONDState  
LAZip Code  
70404-2908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROSS DOWNING CHEVROLETOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4803619

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

107000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 159

(check only one)

<input checked="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. GOLDRING, WILLIAM, , ,**

Mailing Address 524 METAIRIE RD

City  
METAIRIEState  
LAZip Code  
70005-4308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAZERACOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4803617

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**B. KERSTEIN, DAVID, A., MR.,**Mailing Address 201 ST CHARLES AVE  
SUITE 2600City  
NEW ORLEANSState  
LAZip Code  
70170-3100FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HELIS OIL & GASOccupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4803614

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. RISPONE, EDWARD, L., ,**

Mailing Address 18250 S MISSION HILLS AVE

City  
BATON ROUGEState  
LAZip Code  
70810-7974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INDUSTRIAL SPECIALTY CONSTRUCTORS LLCOccupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4803621

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 159

(check only one)

<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. WILLIAMS, GUY, T., ,**

Mailing Address 34 SWALLOW

City  
NEW ORLEANSState  
LAZip Code  
70124-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF COAST BANKOccupation (for Individual)  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11A.4803616**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803588**

Amount of Each Receipt this Period

14580.58

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. BRINSON, CHRISTOPHER, , ,**

Mailing Address 937 N MADISON ST

City  
ARLINGTONState  
VAZip Code  
22205-1655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIAMS JENSENOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5165.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 21 / 2025**Transaction ID : SA11A.4803592**

Amount of Each Receipt this Period

5165.29

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

8665.29



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 159

(check only one)

<input checked="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. DANIELS, BRANDON, , ,**

Mailing Address 13285 BARKSTONE CT

City  
HENRICOState  
VAZip Code  
23238-6443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EXIGEROccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5165.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 26 / 2025

Transaction ID : SA11A.4803589

Amount of Each Receipt this Period

5165.29

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. DEUBLER, E. J., , ,**

Mailing Address 3709 LAKE WINNIPEG DR

City  
HARVEYState  
LAZip Code  
70058-5172FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2025

Transaction ID : SA11A.4803591

Amount of Each Receipt this Period

1750.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. HERNDON, CHRIS, , ,**

Mailing Address 6219 26TH RD N

City  
ARLINGTONState  
VAZip Code  
22207-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
METAOccupation (for Individual)  
PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2025

Transaction ID : SA11A.4818688

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

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

7915.29



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 159

(check only one)

<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. MAURER, GREG, , ,**

Mailing Address 4861 INDIAN LN, NW

City  
WASHINGTONState  
DCZip Code  
20016-3203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
METAOccupation (for Individual)  
PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2025

Transaction ID : SA11A.4818554

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2025

Transaction ID : SA11C.4819778

Amount of Each Receipt this Period

44333.33

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. ADAMS, STEVE, , ,**

Mailing Address 843 DALLAS HWY

City  
VILLA RICAState  
GAZip Code  
30180-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VERIDAOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2025

Transaction ID : SA11A.4819781

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

13500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 159

(check only one)

<input checked="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. ASKEW, WHITAKER, , MR.,**

Mailing Address 7614 HOLIDAY DRIVE

City  
ALEXANDRIAState  
VAZip Code  
22308-1032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVOQOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4819784

Amount of Each Receipt this Period

20000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. DAWSON, STEVE, , ,**

Mailing Address 11872 DUNLAY AVE

City  
BATON ROUGEState  
LAZip Code  
70809-5172FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ISOMAG CORPOccupation (for Individual)  
FOUNDER CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2025

Transaction ID : SA11A.4819780

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. HEAFITZ, JONATHAN, , ,**

Mailing Address 2704 EMMET RD

City  
SILVER SPRINGState  
MDZip Code  
20902-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PCMAOccupation (for Individual)  
SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2025

Transaction ID : SA11A.4819786

Amount of Each Receipt this Period

833.33

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

24333.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 159

(check only one)

<input checked="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. MARKLE, EDWARD, , ,**

Mailing Address 24306 ARCADIA FARM RD

City  
PASS CHRISTIANState  
MSZip Code  
39571-5906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2025

Transaction ID : SA11A.4819779

Amount of Each Receipt this Period

1750.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. MILAZZO, JOHNNY, , ,**

Mailing Address 914 FLORIDA AVENUE SOUTHWEST

City  
DENHAM SPRINGSState  
LAZip Code  
70726-4340FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LARD OIL COMPANYOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2025

Transaction ID : SA11A.4819782

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. VARGAS, CESAR, , ,**

Mailing Address 100 BARCLAY ST

City  
NEW YORKState  
NYZip Code  
10007-2382FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANHEUSER-BUSCHOccupation (for Individual)  
VP LEGAL CORPORATE AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025

Transaction ID : SA11A.4819785

Amount of Each Receipt this Period

1250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

6500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 159  
(check only one)

<input checked="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. WIEAND, JEFF, L., , JR**

Mailing Address 4240 ALTON PLACE NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20016-2018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILMERHALEOccupation (for Individual)  
PUBLIC POLICY ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2025

Transaction ID : SA11A.4819783

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. HENNEBERRY, BRIAN, , ,**

Mailing Address 8605 WHITE POST COURT

City  
POTOMACState  
MDZip Code  
20854-4270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KOCH INDUSTRIESOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2025

Transaction ID : SA11A.4834799

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

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

**C. ZIRKELBACH, MARY, KATHLEEN, ,**

Mailing Address 1821 23RD STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20008-4030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ZIRKELBACH STRATEGIESOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2025

Transaction ID : SA11A.4834488

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

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

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

35000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 159

(check only one)

<input checked="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. AMATO, JOHN, G., ,**

Mailing Address 8704 BOCAGE PLACE

City  
RIVER RIDGEState  
LAZip Code  
70123-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835000

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. BAILEY, WILLIAM, C., , JR.**

Mailing Address 2431 PINE VIEW DR NW

City  
ARABState  
ALZip Code  
35016-4598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RADIANCE TECHNOLOGIESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835014

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

**C. BAUMER, ALVIN, A., , JR.**

Mailing Address 2424 EDENBORN AVENUE

City  
METAIRIEState  
LAZip Code  
70001-1845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BAUMER FOODS, INC.Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834988

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 159  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. DANOS, GARRET, H., ,**

Mailing Address 15545 E MAIN ST

City  
CUT OFFState  
LAZip Code  
70345-2905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DANOS & CUROLE MARINEOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834987

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DOWNING, ARTHUR, RYAN, ,**

Mailing Address 47132 WEALD WAY

City  
HAMMONDState  
LAZip Code  
70401-3605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROSS DOWNING AUTO GROUPOccupation (for Individual)  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834994

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DUFRENE, BRANDT, JOHN, MR., JR.**

Mailing Address 37 SAVANNAH RIDGE

City  
METAIRIEState  
LAZip Code  
70001-5492FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834998

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 159

(check only one)

<input checked="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. GRAY, MICHAEL, T., ,**

Mailing Address P.O. BOX 6202

City  
METAIRIEState  
LAZip Code  
70009-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE GRAY INSURANCE COMPANYOccupation (for Individual)  
INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834993

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. KENIRY, DANIEL, , ,**

Mailing Address 5553 LITTLE FALLS ROAD

City  
ARLINGTONState  
VAZip Code  
22207-1525FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANHEUSER-BUSCHOccupation (for Individual)  
VICE PRESIDENT, FED GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835023

Amount of Each Receipt this Period

1250.00

☐ Memo Item  
CONTRIBUTION

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

**C. LAWTON, JACK, E., , JR.**Mailing Address 1450 WILLIAM ST  
LAWTON BLDG, STE 2City  
LAKE CHARLESState  
LAZip Code  
70601-3844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JACK LAWTON, INC.Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835004

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

8250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 159

(check only one)

<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. LEBLANC, VINCENT, PRICE, , JR.**

Mailing Address 109 SENA DRIVE

City  
METAIRIEState  
LAZip Code  
70005-3339FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRICE LEBLANC TOYOTAOccupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834986

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. LIPSEY, RICHARD, A., MR.,**

Mailing Address 14 COUNTRY CLUB PLACE

City  
BATON ROUGEState  
LAZip Code  
70809-1995FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LIPSEY'S LLCOccupation (for Individual)  
WHOLESALE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835001

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**C. LUPO, ROBERT, E., MR.,**

Mailing Address 145 ROBERT E. LEE BLVD

City  
NEW ORLEANSState  
LAZip Code  
70124-2552FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LUPO ENTERPRISESOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835005

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

10500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 159

(check only one)

<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. MAKI, JANET, B., ,**

Mailing Address 403 CANAL BLVD

City  
THIBODAUXState  
LAZip Code  
70301-3413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834992

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MAKI, NEIL, J., DR., M.D.**

Mailing Address 602 NORTH ACADIA RD. SUITE 101

City  
THIBODAUXState  
LAZip Code  
70301-4848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THIBODAUX REGIONAL M. C.Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834991

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**C. MONTGOMERY, LEVERE, C., , III**

Mailing Address 11 MISTLETOE DRIVE

City  
COVINGTONState  
LAZip Code  
70433-4529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
REAL ESTATE BROKER/INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835002

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 159

(check only one)

<input checked="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. MORRISON, CHESTER, F., , JR.**

Mailing Address PO BOX 1363

City  
HOUMAState  
LAZip Code  
70361-1363FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHET MORRISON SERVICES, LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834999

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**B. RUCKERT, LYNNEL, , MRS.,**

Mailing Address 1557 BRAME DRIVE

City  
BATON ROUGEState  
LAZip Code  
70808-8622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOLD STRATEGIESOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834989

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. SHANE, WILLIAM, HENRY, , JR.**

Mailing Address 3925 N. SERVICE RD. W, STE. 105

City  
METAIRIEState  
LAZip Code  
70002-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAVROT & SHANEOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834995

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 159

(check only one)

<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. WINDHAM, WILLIAM, C., ,**

Mailing Address 84 VICTORIAS DR.

City  
BOSSIER CITYState  
LAZip Code  
71111-5555FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TURNER WINDHAMOccupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834996

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**B. 2045 HIGHWAY PROPERTIES LLC**

Mailing Address 2045 LOUISIANA 59

City  
MANDEVILLEState  
LAZip Code  
70448-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835009

Amount of Each Receipt this Period

1166.67

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

**C. GOUX, JEREMY, , ,**

Mailing Address 2045 LOUISIANA 59

City  
MANDEVILLEState  
LAZip Code  
70448-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WYNNE & GOUX ATTORNEYS AT LAWOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835030

Amount of Each Receipt this Period

583.34

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

4666.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 159

(check only one)

<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. GOUX, TIMOTHY, , ,**

Mailing Address 27 BRIAR HOLLOW DRIVE

City  
COVINGTONState  
LAZip Code  
70433-4511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IDAHO IMMOVABLES, LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835029

Amount of Each Receipt this Period

583.33

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**B. INSPIRED HEALTHCARE MANAGEMENT LLC**

Mailing Address 2045 LOUISIANA 59

City  
MANDEVILLEState  
LAZip Code  
70448-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835008

Amount of Each Receipt this Period

1166.67

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

**C. GOUX, JEREMY, , ,**

Mailing Address 2045 LOUISIANA 59

City  
MANDEVILLEState  
LAZip Code  
70448-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WYNNE & GOUX ATTORNEYS AT LAWOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835027

Amount of Each Receipt this Period

583.33

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

1166.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 159

(check only one)

<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. GOUX, TIMOTHY, , ,**

Mailing Address 27 BRIAR HOLLOW DRIVE

City  
COVINGTONState  
LAZip Code  
70433-4511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IDAHO IMMOVABLES, LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835028

Amount of Each Receipt this Period

583.34

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**B. JEANSONNE-KIMBLE**

Mailing Address 7266 TOM DRIVE

City  
BATON ROUGEState  
LAZip Code  
70806-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834997

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

**C. KIMBLE, ALVIN, E., ,**Mailing Address 7266 TOM DR.  
SUITE 200City  
BATON ROUGEState  
LAZip Code  
70806-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONSULTANTS GROUPOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4848355

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

3500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 159

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. PONTCHARTRAIN PHARMACY LLC**

Mailing Address 2045 LOUISIANA 59

City  
MANDEVILLEState  
LAZip Code  
70448-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835007

Amount of Each Receipt this Period

1166.67

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

**B. GOUX, JEREMY, , ,**

Mailing Address 2045 LOUISIANA 59

City  
MANDEVILLEState  
LAZip Code  
70448-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

WYNNE &amp; GOUX ATTORNEYS AT LAW

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835026

Amount of Each Receipt this Period

583.34

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**C. GOUX, TIMOTHY, , ,**

Mailing Address 27 BRIAR HOLLOW DRIVE

City  
COVINGTONState  
LAZip Code  
70433-4511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

IDAHO IMMOVABLES, LLC

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835025

Amount of Each Receipt this Period

583.33

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

1166.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 159

(check only one)

<input checked="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. SHELBY P LASALLE JR LLC**Mailing Address 1580 WEST CAUSEWAY APPROACH  
STE 2City  
MANDEVILLEState  
LAZip Code  
70471-3033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4834990

Amount of Each Receipt this Period

1750.00

☐ Memo Item

CONTRIBUTION

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

**B. MURRY, EMILY, , ,**

Mailing Address 1212 NEW YORK AVE NW, SUITE 750

City  
WASHINGTONState  
DCZip Code  
20005-6135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

TARPLIN, DOWNS YOUNG LLC

GOVERNMENT AFFAIRS CONSULTA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2025

Transaction ID : SA11A.4835212

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

**C. BRINSON, ADAM, , ,**

Mailing Address 217 AUDUBON BOULEVARD

City  
NEW ORLEANSState  
LAZip Code  
70118-5539FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848381

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

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

7250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 159

(check only one)

<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. BRUSER, JONATHAN, B., ,**

Mailing Address 19522 S. MUIRFIELD CIRCLE

City  
BATON ROUGEState  
LAZip Code  
70810-5991FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MMR GROUP INCOccupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848374

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. CHOUEST, GARY, , MR.,**

Mailing Address P.O. BOX 310

City  
GALLIANOState  
LAZip Code  
70354-0310FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EDISON CHOUEST OFFSHOREOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848372

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. COLEMAN, THOMAS, , ,**Mailing Address 935 GRAVIER STREET  
SUITE 1905City  
NEW ORLEANSState  
LAZip Code  
70112-1682FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848383

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

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

12000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 159  
(check only one)

<input checked="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. DICKSON, BEVERLY, R., ,**

Mailing Address PO BOX 51367

City  
SHREVEPORTState  
LAZip Code  
71135-1367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JPRC ENERGY, LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848385

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**B. DICKSON, PAUL, M., , SR.**

Mailing Address P.O. BOX 51367

City  
SHREVEPORTState  
LAZip Code  
71135-1367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MORRIS & DICKSON CO., LLCOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848384

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. DUFRENE, BRANDT, JOHN, MR., JR.**

Mailing Address 37 SAVANNAH RIDGE

City  
METAIRIEState  
LAZip Code  
70001-5492FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848376

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 159  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. GUIDRY, GREGORY, M., ,**

Mailing Address 17515 THREE RIVERS RD

City  
COVINGTONState  
LAZip Code  
70433-0313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848388

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. GUTTERMAN, SCOTT, , ,**

Mailing Address 89 HUMMINGBIRD ROAD

City  
COVINGTONState  
LAZip Code  
70433-4505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEACON OFFSHORE ENERGYOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848377

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**C. KERGAN, TED, , MR.,**

Mailing Address P.O. BOX 80154

City  
LAFAYETTEState  
LAZip Code  
70598-0154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KERGAN BROTHERSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848379

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 159

(check only one)

<input checked="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. MARTIN, ROY, O., , III**

Mailing Address 6231 LANDMARK DR

City  
ALEXANDRIAState  
LAZip Code  
71301-2340FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROY O MARTIN FOREST PRODUCTSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848389

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

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

**B. MERRICK, ROBERT, , ,**

Mailing Address 430 NOTRE DAME

City  
NEW ORLEANSState  
LAZip Code  
70130-3610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LATTER & BLUM, INC.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848378

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. MOFFETT, LOUISE, H., MRS.,**

Mailing Address 6145 ST. CHARLES AVE

City  
NEW ORLEANSState  
LAZip Code  
70118-6139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848382

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

32000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 159

(check only one)

<input checked="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. MORGAN, SARAH, KISH, ,**

Mailing Address 9016 NORWICK ROAD

City  
RICHMONDState  
VAZip Code  
23229-7759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

S&amp;P GLOBAL

Occupation (for Individual)

DIRECTOR, GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848397

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**B. NASSAUER, CHUCK, A., , OD**

Mailing Address 1305 FOUNDERS DRIVE

City  
RALEIGHState  
NCZip Code  
27607-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

OAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848390

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

**C. UIHLEIN, ELIZABETH, A., MRS.,**

Mailing Address PO BOX 52

City  
LAKE FORESTState  
ILZip Code  
60045-0052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ULINE

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4835706

Amount of Each Receipt this Period

322100.00

☐ Memo Item

CONTRIBUTION

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

323600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 159

(check only one)

<input checked="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. WEBB, ROBERT, D., , JR.**

Mailing Address P.O. BOX 536

City  
RESERVEState  
LAZip Code  
70084-0536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LOUISIANA MACHINERYOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4848375

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11C.4835675

Amount of Each Receipt this Period

54600.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. BRENNAN, RALPH, , ,**

Mailing Address 550 BEINVILLE

City  
NEW ORLEANSState  
LAZip Code  
70130-2207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RALPH BRENNAN RESTAURANT GROUP, LLCOccupation (for Individual)  
RESTAURATEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2025

Transaction ID : SA11A.4835677

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

7000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 159

(check only one)

<input checked="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. ELLIS, ROBERT, , ,**Mailing Address 650 POYDRAS STREET  
STE 2615City  
NEW ORLEANSState  
LAZip Code  
70130-6138FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WORKFORCE HOUSING SOLUTIONS LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2025**Transaction ID : SA11A.4835685**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. EZELL, ANDREW, , ,**

Mailing Address 18614 AMEN CORNER COURT

City  
BATON ROUGEState  
LAZip Code  
70810-8927FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
EZELL LAW FIRM LLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2025**Transaction ID : SA11A.4835676**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. GAINES, DAVID, M., ,**

Mailing Address 425 ATHERTON DRIVE

City  
METAIRIEState  
LAZip Code  
70005-3809FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
OCHSNEROccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11A.4835679**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 159

(check only one)

<input checked="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. HOUGHTALING, JOHN, W., ,**

Mailing Address 3500 N HULLEN ST

City  
METAIRIEState  
LAZip Code  
70002-3420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GAUTHIER, HOUGHTALING AND WILLIAMSOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2025

Transaction ID : SA11A.4835684

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. JOHNSON, RANDAL, , ,**

Mailing Address 543 SPANISH TOWN ROAD

City  
BATON ROUGEState  
LAZip Code  
70802-5347FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHERN STRATEGY PARTNERSOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2025

Transaction ID : SA11A.4835682

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. JOHNSON, TRAVIS, M., ,**

Mailing Address 5640 19TH ST N

City  
ARLINGTONState  
VAZip Code  
22205-3152FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ERIS GROUP, LLCOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2025

Transaction ID : SA11A.4835683

Amount of Each Receipt this Period

6600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

13600.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 159

(check only one)

<input checked="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. MALLET, CHESTER, , ,**

Mailing Address 511 E FRONTAGE RD.

City  
IOWAState  
LAZip Code  
70647-4056FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MALLET BUILDINGOccupation (for Individual)  
POST FRAME CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025

Transaction ID : SA11A.4835680

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. RAINWATER, PAUL, , ,**

Mailing Address 5117 CHENEAU LN

City  
BATON ROUGEState  
LAZip Code  
70808-5180FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CORNERSTONE GOVERNMENT AFFAIRSOccupation (for Individual)  
SENIOR CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2025

Transaction ID : SA11A.4835686

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WHITE, LETITIA, H., MRS.,**

Mailing Address 13901 PISCATAWAY DRIVE

City  
FT WASHINGTONState  
MDZip Code  
20744-6639FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INNOVATIVE FEDERAL STRATEGIESOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2025

Transaction ID : SA11A.4835678

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

22000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 159

(check only one)

<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. WILLCOX, DARREN, , ,**

Mailing Address 9696 MILL RIDGE LANE

City  
GREAT FALLSState  
VAZip Code  
22066-2300FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
W STRATEGIESOccupation (for Individual)  
MANAGER

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  
03 / 10 / 2025

Transaction ID : SA11A.4835681

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. PECK, JOHN, , , JR.**

Mailing Address 5940 WATSON AVE

City  
DALLASState  
TXZip Code  
75225-1651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2025

Transaction ID : SA11A.4848770

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2025

Transaction ID : SA11C.4861321

Amount of Each Receipt this Period

47800.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

30000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 159

(check only one)

<input checked="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. BAKER, COURTNEY, , ,**

Mailing Address 17429 BACKFIELD AVE

City  
BATON ROUGEState  
LAZip Code  
70817-9304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COURTNEY BAKER ASSOCIATESOccupation (for Individual)  
GOVERNMENTAL AFFAIRS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11A.4861330

Amount of Each Receipt this Period

1750.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. CHERAMIE, CRAIG, , ,**

Mailing Address 521 MELODY DR.

City  
METAIRIEState  
LAZip Code  
70001-2115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2025

Transaction ID : SA11A.4861326

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. COTE, STEPHEN, , ,**

Mailing Address 1801 16TH ST NW APT 512

City  
WASHINGTONState  
DCZip Code  
20009-3363FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEHLMAN CASTAGNETTI ROSEN THOMASOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2025

Transaction ID : SA11A.4861323

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

15050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 159

(check only one)

<input checked="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. DARRAGH, DAVID, , ,**

Mailing Address 1113 SONIAT STREET

City  
NEW ORLEANSState  
LAZip Code  
70115-2917FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
REILY FOODS COMPANYOccupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2025**Transaction ID : SA11A.4861325**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. DUGAN, JAMES, , ,**

Mailing Address 365 CANAL STREET

City  
NEW ORLEANSState  
LAZip Code  
70130-1112FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
DUGAN LAWOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2025**Transaction ID : SA11A.4861333**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. FARR, MERYL, , ,**

Mailing Address PO BOX 259

City  
MER ROUGEState  
LAZip Code  
71261-0259FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
KENNEDY RICE MILLOccupation (for Individual)  
SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2025**Transaction ID : SA11A.4861332**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 159

(check only one)

<input checked="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. MEHLMAN, BRUCE, P., ,**

Mailing Address 1341 G ST, NW; STE 1100

City  
WASHINGTONState  
DCZip Code  
20005-3105FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MEHLMAN CASTAGNETTI ROSEN THOMASOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2025**Transaction ID : SA11A.4861322**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. METZLER-SZABO, LORRIE, , DR.,**

Mailing Address 101 CANNON ROAD

City  
CARLSBADState  
CAZip Code  
92008-4300FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2025**Transaction ID : SA11A.4861328**

Amount of Each Receipt this Period

1750.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MINKLER, ANNIE, , ,**

Mailing Address 212 9TH ST SE

City  
WASHINGTONState  
DCZip Code  
20003-2111FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MEHLMAN CONSULTINGOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2025**Transaction ID : SA11A.4861324**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

11750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 159

(check only one)

<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. NEW, WILLIAM, , ,**

Mailing Address 414 JACOBS STREET

City  
BERWICKState  
LAZip Code  
70342-2052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW INDUSTRIES, LLCOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2025

Transaction ID : SA11A.4861329

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. STANBERRY, MIKE, , ,**

Mailing Address 1214 HAWN AVENUE

City  
SHREVEPORTState  
LAZip Code  
71107-6612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
METRO AVIATION INCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2025

Transaction ID : SA11A.4861327

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. VINCENT, AMANDA, , ,**

Mailing Address 6232 WINDRUSH HOLLOW

City  
BATON ROUGEState  
LAZip Code  
70808-4276FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STUDYVILLEOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2025

Transaction ID : SA11A.4861331

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 159  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. ARKLEY, CHERIE, , ,**

Mailing Address 2339 D STREET

City  
EUREKAState  
CAZip Code  
95501-4156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861632

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. BLUMBERG, BARRY, O., MR.,**

Mailing Address 2132 RUE BEAUREGARD

City  
BATON ROUGEState  
LAZip Code  
70809-1290FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BLUMBERG & ASSOCIATESOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861630

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHATELAIN, RONALD, BLAKE, ,**

Mailing Address 1704 EMBERLY OAKS

City  
ALEXANDRIAState  
LAZip Code  
71301-2754FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RED RIVER BANKOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861619

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 159

(check only one)

<input checked="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. COHOON, DERRELL, D., ,**

Mailing Address 714 N 5TH STREET

City  
BATON ROUGEState  
LAZip Code  
70802-5316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITOL PARTNERSOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861629

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DAGNON, JAMES, B., MR.,**

Mailing Address 498 BEAN CHENE DR

City  
MANDEVILLEState  
LAZip Code  
70471-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861614

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DUPUIS, HOWARD, , ,**

Mailing Address 149 DEMAS DRIVE

City  
LAFAYETTEState  
LAZip Code  
70506-6605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACADIAN AMBULANCE SERVICEOccupation (for Individual)  
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861636

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 159  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. HEEBE, FREDERICK, , ,**

Mailing Address 5531 ST CHARLES AVE

City  
NEW ORLEANSState  
LAZip Code  
70115-5047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861638

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUNT, WOODY , L., MR.,**

Mailing Address P.O. BOX 12667

City  
EL PASOState  
TXZip Code  
79913-0667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUNT COMPANIESOccupation (for Individual)  
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861606

Amount of Each Receipt this Period

8500.00

☐ Memo Item  
CONTRIBUTION

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

**C. KHACHATURIAN, BARBARA, , ,**

Mailing Address 5427 SUTTON PL

City  
NEW ORLEANSState  
LAZip Code  
70131-5412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861635

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 159

(check only one)

<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. LAMBERT, RICHARD, , ,**

Mailing Address 900 WEST CAUSEWAY APPROACH

City  
MANDEVILLEState  
LAZip Code  
70471-3096FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RICHARD C. LAMBERT CONSULTANTSOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861618

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. LIVINGSTON, ROBERT, L., ,**Mailing Address 501 SLATERS LN  
APT 809City  
ALEXANDRIAState  
VAZip Code  
22314-1127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE LIVINGSTON GROUPOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861637

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. LOFTIN, JEFF, , ,**

Mailing Address 1002 WATERS EDGE

City  
SHREVEPORTState  
LAZip Code  
71106-7776FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861633

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

7500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 159

(check only one)

<input checked="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. MAKI, JANET, B., ,**

Mailing Address 403 CANAL BLVD

City  
THIBODAUXState  
LAZip Code  
70301-3413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861617

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MAKI, NEIL, J., DR., M.D.**

Mailing Address 602 NORTH ACADIA RD. SUITE 101

City  
THIBODAUXState  
LAZip Code  
70301-4848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THIBODAUX REGIONAL M. C.Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861616

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**C. PASENTINE, DENNIS, A., MR.,**

Mailing Address 1355 RAPATEL STREET

City  
MANDEVILLEState  
LAZip Code  
70448-4309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FLORIDA MARINEOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861634

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 159

(check only one)

<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. PELTZ, NELSON, , MR.,**

Mailing Address 548 NORTH COUNTY ROAD

City  
PALM BEACHState  
FLZip Code  
33480-3507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRIAN FUNDOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

49300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861610

Amount of Each Receipt this Period

44300.00

☐ Memo Item

CONTRIBUTION

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

**B. RICHARDSON, JEFFREY, C., ,**

Mailing Address P.O. BOX 11650

City  
ALEXANDRIAState  
LAZip Code  
71315-1650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RICHARDSON COMPANIESOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861620

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. RISPONE, GERARD, L., ,**

Mailing Address 18613 SAINT ANDREWS COURT EAST

City  
PRAIRIEVILLEState  
LAZip Code  
70769-3249FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ISC CONSTRUCTORS, LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861615

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

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

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

51100.00

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

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

FOR LINE NUMBER: PAGE 76 OF 159

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. SCHECHTER, RICHARD, , MR.,**

Mailing Address 12765 W. FOREST HILL BLVD.  
SUITE 1307

City  
WELLINGTON

State  
FL

Zip Code  
33414-4781

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE BAINBRIDGE COMPANIES

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861596

Amount of Each Receipt this Period

75000.00

☐ Memo Item

CONTRIBUTION

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

**B. SHERMAN, DAVID, , ,**

Mailing Address 322 ELMEER AVE

City  
METAIRIE

State  
LA

Zip Code  
70005-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHEHARDY, SHERMAN, ELLIS, MURR

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861623

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. KYLE ASSOCIATES, LLC**

Mailing Address 638 VILLAGE LANE NORTH

City  
MANDEVILLE

State  
LA

Zip Code  
70471-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861612

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

82000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 159

(check only one)

<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. DRANE, KEVIN, M., ,**

Mailing Address 638 VILLAGE LANE NORTH

City  
MANDEVILLEState  
LAZip Code  
70471-2946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KYLE ASSOCIATES, LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861646

Amount of Each Receipt this Period

280.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**B. HNATYSHYN, CHRISTOPHER, , ,**

Mailing Address 638 VILLAGE LANE N

City  
MANDEVILLEState  
LAZip Code  
70471-2946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KYLE ASSOCIATES, LLCOccupation (for Individual)  
VP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861645

Amount of Each Receipt this Period

560.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**C. KYLE, FRANKLIN, M., , III**

Mailing Address 131 SEVEN PINES RD.

City  
MANDEVILLEState  
LAZip Code  
70471-1127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KYLE ASSOCIATES, LLCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861643

Amount of Each Receipt this Period

2100.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 159

(check only one)

<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			

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)

**SCALISE LEADERSHIP FUND**

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

**A. POWELL, JAMES, , , JR.**

Mailing Address 638 VILLAGE LANE NORTH

City  
MANDEVILLEState  
LAZip Code  
70471-2946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KYLE ASSOCIATES, LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11A.4861644

Amount of Each Receipt this Period

560.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**B. PIERCE AVIATION, LLC**

Mailing Address 1101 JUDGE LEON FORD DRIVE

City  
HAMMONDState  
LAZip Code  
70401-9541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2025

Transaction ID : SA11A.4861700

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

**C. GLASS, SHANE, , ,**

Mailing Address 74348 JACK LOYD ROAD

City  
ABITA SPRINGSState  
LAZip Code  
70420-2732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PIERCE AVIATION, LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2025

Transaction ID : SA11A.4861703

Amount of Each Receipt this Period

490.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

3500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 159

(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**SCALISE LEADERSHIP FUND**

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

**A. PIERCE, ERIN, , ,**

Mailing Address 1101 JUDGE LEON FORD DRIVE

City  
HAMMONDState  
LAZip Code  
70401-9541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PIERCE AVIATIONOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2025

Transaction ID : SA11A.4861701

Amount of Each Receipt this Period

2520.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**B. PIERCE, SUSAN, , ,**

Mailing Address 401 COUNTRY CLUB DRIVE

City  
COVINGTONState  
LAZip Code  
70433-4804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2025

Transaction ID : SA11A.4861702

Amount of Each Receipt this Period

490.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

**C. MCGINLEY, MATT, , ,**Mailing Address 2503-D HARRISON STREET NORTH  
1210City  
ARLINGTONState  
VAZip Code  
22207-1640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ADVANCED POLICY CONSULTING LLCOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2025

Transaction ID : SA11A.4862012

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

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

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

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 159

(check only one)

<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. COX, CHRISTOPHER, C., MR.,**

Mailing Address 1908 CASEY KEY ROAD

City  
NOKOMISState  
FLZip Code  
34275-3319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAVIGATORS GLOBALOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11A.4874051

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**B. DELGADO, MARTIN, , ,**

Mailing Address 12300 SKYLARK LN

City  
BOWIEState  
MDZip Code  
20715-2118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S-3 GROUPOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11A.4862151

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**C. GANS, DANIEL, J., MR.,**

Mailing Address P.O. BOX 1304

City  
ALEXANDRIAState  
VAZip Code  
22313-1304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POLARIS CONSULTINGOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11A.4874058

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 159

(check only one)

<input checked="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. PELTZ, NELSON, , MR.,**

Mailing Address 548 NORTH COUNTY ROAD

City  
PALM BEACHState  
FLZip Code  
33480-3507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRIAN FUNDOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

49300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11A.4874862

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. POPP, MONICA, , ,**

Mailing Address 655 A ST SE

City  
WASHINGTONState  
DCZip Code  
20003-1225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARSHALL POPPOccupation (for Individual)  
CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11A.4874057

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**C. WOODS, PAUL, , ,**

Mailing Address 1933 INTERSTATE 35 NORTH FRONTAGE

City  
NEW BRAUNFELSState  
TXZip Code  
78130-2507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11A.4874847

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 159

(check only one)

<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. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4862131

Amount of Each Receipt this Period

33800.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. CHAPPELL, MICHAEL, F., ,**

Mailing Address 2818 UNIVERSITY TERRACE, NW

City  
WASHINGTONState  
DCZip Code  
20016-3459FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

FIERCE GOVERNMENT RELATIONS

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2025

Transaction ID : SA11A.4862136

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. CURRIE, L NICOLE, , ,**

Mailing Address 601 13TH STREET, NW; SUITE 1100 NO

City  
WASHINGTONState  
DCZip Code  
20005-3822FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

AMGEN INC.

EXECUTIVE DIRECTOR, GOVERNMEI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2025

Transaction ID : SA11A.4862133

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

22000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 159

(check only one)

<input checked="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. DAVISON, JIM, , ,**

Mailing Address PO BOX 13003

City  
RUSTONState  
LAZip Code  
71273-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2025

Transaction ID : SA11A.4862134

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. MLINAR, ALYENE, , ,**

Mailing Address 3702 BENT BRANCH RD

City  
FALLS CHURCHState  
VAZip Code  
22041-1008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEHLMAN CONSULTINGOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2025

Transaction ID : SA11A.4862132

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. RIPLEY, CRAIG, , ,**

Mailing Address 1030 PHILIP ST

City  
NEW ORLEANSState  
LAZip Code  
70130-5552FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVE D DEVELOPMENT LLCOccupation (for Individual)  
COMMERCIAL REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2025

Transaction ID : SA11A.4862135

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

11800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 159

(check only one)

<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. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523497.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4889120**

Amount of Each Receipt this Period

8150.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. BALLARD, SCOTT, , ,**Mailing Address 381 HARTZ AVE  
SUITE DCity  
DANVILLEState  
CAZip Code  
94526-3330FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

SELF

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11A.4889121**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. CORMACI, MICHAEL, K., ,**

Mailing Address 429 TRAILHEAD DR

City  
ABITA SPRINGSState  
LAZip Code  
70420-4006FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

WATCH SYSTEMS

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11A.4889123**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

4000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 159  
(check only one)

<input checked="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. HODGSON, CHRIS, , ,**

Mailing Address 800 MAINE AVENUE SOUTHWEST

City  
WASHINGTONState  
DCZip Code  
20024-2805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CORNERSTONE GOVERNMENT AFFAIRSOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11A.4889122**

Amount of Each Receipt this Period

1650.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. TRYON, WARREN, , ,**

Mailing Address 225 12TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002-6315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITOL COUNSELOccupation (for Individual)  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2025**Transaction ID : SA11A.4889124**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4150.00

1577297.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 86 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. SOCIETY OF INTERVENTIONAL RADIOLOGY PAC**

Mailing Address 3975 FAIR RIDGE DRIVE STE 400 NORT

City  
FAIRFAXState  
VAZip Code  
22033-2911FEC ID number of contributing  
federal political committee.**C**

C00408435

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

**Transaction ID : SA11C.4803590**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. AMERICAN HOTEL AND LODGING ASSOCIATION PAC**

Mailing Address 1250 EYE STREET, NW #1100

City  
WASHINGTONState  
DCZip Code  
20005-5904FEC ID number of contributing  
federal political committee.**C**

C00001198

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2025

**Transaction ID : SA11C.4720554**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

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

**C. BLACKROCK CAPITAL MANAGEMENT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 EAST 52ND STREET

City  
NEW YORKState  
NYZip Code  
10022-5911FEC ID number of contributing  
federal political committee.**C**

C00479246

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2025

**Transaction ID : SA11C.4720556**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

22500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. EDWARD JONES PAC**

Mailing Address 12555 MANCHESTER ROAD

City  
SAINT LOUISState  
MOZip Code  
63131-3710FEC ID number of contributing  
federal political committee.**C**

C00410407

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2025

**Transaction ID : SA11C.4720551**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION**Mailing Address 1701 PENNSYLVANIA AVE NW  
STE 800City  
WASHINGTONState  
DCZip Code  
20006-5804FEC ID number of contributing  
federal political committee.**C**

C00083857

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2025

**Transaction ID : SA11C.4720553**

Amount of Each Receipt this Period

7500.00

☐ Memo Item

CONTRIBUTION

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

**C. PNC PAC - FEDERAL**Mailing Address 800 17TH STREET NORTHWEST  
12TH FLRCity  
WASHINGTONState  
DCZip Code  
20006-3962FEC ID number of contributing  
federal political committee.**C**

C00186064

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2025

**Transaction ID : SA11C.4720555**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

17500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH STREET NW, SUITE 350

City  
WASHINGTONState  
DCZip Code  
20005-6621FEC ID number of contributing  
federal political committee.**C**

C00010470

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2025

**Transaction ID : SA11C.4720552**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. KOCH INDUSTRIES, INC. PAC (KOCHPAC)**

Mailing Address 600 14TH ST NW

City  
WASHINGTONState  
DCZip Code  
20005-2008FEC ID number of contributing  
federal political committee.**C**

C00236489

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2025

**Transaction ID : SA11C.4747872**

Amount of Each Receipt this Period

120000.00

☐ Memo Item

CONTRIBUTION

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

**C. HOME DEPOT INC. PAC**

Mailing Address 1155 F ST NW

City  
WASHINGTONState  
DCZip Code  
20004-1312FEC ID number of contributing  
federal political committee.**C**

C00284885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

**Transaction ID : SA11C.4760958**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

130000.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. HOME DEPOT INC. PAC**

Mailing Address 1155 F ST NW

City  
WASHINGTONState  
DCZip Code  
20004-1312FEC ID number of contributing  
federal political committee.

C

C00284885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2025

Transaction ID : SA11C.4760959

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY DBA BLUE CROSS**

Mailing Address 5525 REITZ AVENUE

City  
BATON ROUGEState  
LAZip Code  
70809-3802FEC ID number of contributing  
federal political committee.

C

C00651265

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2025

Transaction ID : SA11C.4760957

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

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

**C. NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC**

Mailing Address 1600 DUKE ST

City  
ALEXANDRIAState  
VAZip Code  
22314-3466FEC ID number of contributing  
federal political committee.

C

C00126763

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11C.4786280

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. NATIONAL SHOOTING SPORTS FOUNDATION PAC**Mailing Address 400 N CAPITOL ST NW  
STE 475City  
WASHINGTONState  
DCZip Code  
20001-1593FEC ID number of contributing  
federal political committee.**C**

C00480863

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025**Transaction ID : SA11C.4786275**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

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

**B. THE COUNCIL OF INSURANCE AGENTS & BROKERS PAC**

Mailing Address 701 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004-2608FEC ID number of contributing  
federal political committee.**C**

C00039578

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025**Transaction ID : SA11C.4786282**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

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

**C. USA RICE FEDERATION PAC**

Mailing Address 2101 WILSON BLVD, STE 610

City  
ARLINGTONState  
VAZip Code  
22201-3040FEC ID number of contributing  
federal political committee.**C**

C00308478

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025**Transaction ID : SA11C.4786277**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

30000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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****A. WASTE MANAGEMENT EMPLOYEES BETTER GOVERNMENT FUND**

Mailing Address 701 PENNSYLVANIA AVENUE NW, SUITE

City  
WASHINGTONState  
DCZip Code  
20004-3610FEC ID number of contributing  
federal political committee.**C** C00119008

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025**Transaction ID : SA11C.4786276**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

**B. ACPA - SURGEONS PAC**

Mailing Address 20 F ST NW, STE 1000

City  
WASHINGTONState  
DCZip Code  
20001-6701FEC ID number of contributing  
federal political committee.**C** C00382424

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803622**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

**C. AECOM US FEDERAL PAC**

Mailing Address 3101 WILSON BLVD. SUITE 700

City  
ARLINGTONState  
VAZip Code  
22201-4468FEC ID number of contributing  
federal political committee.**C** C00374447

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803611**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

9500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 92 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMAZON PAC**

Mailing Address 601 NEW JERSEY AVE NW - SUITE 900

City  
WASHINGTONState  
DCZip Code  
20001-2027FEC ID number of contributing  
federal political committee.**C**

C00360354

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803604**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. AMAZON PAC**

Mailing Address 601 NEW JERSEY AVE NW - SUITE 900

City  
WASHINGTONState  
DCZip Code  
20001-2027FEC ID number of contributing  
federal political committee.**C**

C00360354

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803605**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMAZON PAC**

Mailing Address 601 NEW JERSEY AVE NW - SUITE 900

City  
WASHINGTONState  
DCZip Code  
20001-2027FEC ID number of contributing  
federal political committee.**C**

C00360354

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803606**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

15000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMERICAN HOTEL AND LODGING ASSOCIATION PAC**

Mailing Address 1250 EYE STREET, NW #1100

City  
WASHINGTONState  
DCZip Code  
20005-5904FEC ID number of contributing  
federal political committee.**C**

C00001198

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803629**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. AMERICAN HOTEL AND LODGING ASSOCIATION PAC**

Mailing Address 1250 EYE STREET, NW #1100

City  
WASHINGTONState  
DCZip Code  
20005-5904FEC ID number of contributing  
federal political committee.**C**

C00001198

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803630**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACT**

Mailing Address 100 W DANIA BEACH BLVD

City  
DANIA BEACHState  
FLZip Code  
33004-3643FEC ID number of contributing  
federal political committee.**C**

C00027532

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803615**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 94 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AT&T FEDERAL PAC**Mailing Address 208 S. AKARD STREET  
SUITE 2701City  
DALLASState  
TXZip Code  
75202-4206FEC ID number of contributing  
federal political committee.**C**

C00109017

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2025

**Transaction ID : SA11C.4803613**

Amount of Each Receipt this Period

35000.00

☐

Memo Item

CONTRIBUTION

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

**B. BLESSEY MARINE SERVICE, INC. POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 23734

City

HARAHAN

State

LA

Zip Code

70123-

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

C00409789

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2025

**Transaction ID : SA11C.4803618**

Amount of Each Receipt this Period

3500.00

☐

Memo Item

CONTRIBUTION

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

**C. DELL TECHNOLOGIES PAC**Mailing Address 1225 I STREET NW  
SUITE 300

City

WASHINGTON

State

DC

Zip Code

20005-5955

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

C00369751

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2025

**Transaction ID : SA11C.4803627**

Amount of Each Receipt this Period

2500.00

☐

Memo Item

CONTRIBUTION

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

41000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. EMD SERONO PAC**

Mailing Address ONE TECHNOLOGY PLACE

City  
ROCKLANDState  
MAZip Code  
02370-1071FEC ID number of contributing  
federal political committee.**C**

C00258236

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2025

**Transaction ID : SA11C.4803623**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

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

**B. FEDEX CORPORATION PAC**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120-4117FEC ID number of contributing  
federal political committee.**C**

C00068692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2025

**Transaction ID : SA11C.4803632**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. HOME DEPOT INC. PAC**

Mailing Address 1155 F ST NW

City  
WASHINGTONState  
DCZip Code  
20004-1312FEC ID number of contributing  
federal political committee.**C**

C00284885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2025

**Transaction ID : SA11C.4803609**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

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

19000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. HOME DEPOT INC. PAC**

Mailing Address 1155 F ST NW

City  
WASHINGTONState  
DCZip Code  
20004-1312FEC ID number of contributing  
federal political committee.**C** C00284885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803610**

Amount of Each Receipt this Period

45000.00

☐ Memo Item

CONTRIBUTION

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

**B. MGM RESORTS INTERNATIONAL PAC**

Mailing Address 2350 KERNER BLVD., SUITE 250

City  
SAN RAFAELState  
CAZip Code  
94901-5596FEC ID number of contributing  
federal political committee.**C** C00299321

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803601**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. NATIONAL ASSOCIATION OF MANUFACTURERS PAC (NAM-PAC)**

Mailing Address 733 10TH STREET NW SUITE 700

City  
WASHINGTONState  
DCZip Code  
20001-4888FEC ID number of contributing  
federal political committee.**C** C00541169

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803631**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

55000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. NATIONAL MULTIFAMILY HOUSING COUNCIL PAC**Mailing Address 1775 EYE STREET, NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20006-2424FEC ID number of contributing  
federal political committee.**C** C00130773

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803603**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

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

**B. NATIONWIDE MUTUAL INSURANCE COMPANY PAC**

Mailing Address ONE NATIONWIDE PLAZA, 1-32-301

City  
COLUMBUSState  
OHZip Code  
43215-2226FEC ID number of contributing  
federal political committee.**C** C00406215

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803607**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**C. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20002-5618FEC ID number of contributing  
federal political committee.**C** C00009282

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803602**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

56000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. PHILLIPS 66 PAC**

Mailing Address 670 SE ADAMS BLVD

City  
BARTLESVILLEState  
OKZip Code  
74003-5119FEC ID number of contributing  
federal political committee.**C** C00513549

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803612**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. PHILLIPS 66 PAC**

Mailing Address 670 SE ADAMS BLVD

City  
BARTLESVILLEState  
OKZip Code  
74003-5119FEC ID number of contributing  
federal political committee.**C** C00513549

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803626**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. TARGET CORPORATION CITIZENS POLITICAL FORUM**Mailing Address 1000 NICOLLET MALL  
TPN-8370City  
MINNEAPOLISState  
MNZip Code  
55403-2542FEC ID number of contributing  
federal political committee.**C** C00098061

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803608**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. TRANSCANADA USA SERVICES, INC. PAC**Mailing Address 1250 I STREET NW  
SUITE 225City  
WASHINGTONState  
DCZip Code  
20005-5977FEC ID number of contributing  
federal political committee.**C** C00525055

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803628**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH STREET NW, SUITE 350

City  
WASHINGTONState  
DCZip Code  
20005-6621FEC ID number of contributing  
federal political committee.**C** C00010470

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803600**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

REFUNDED \$5,000.00 ON 03/25/2025

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

**C. ZOETIS INC. PAC AKA ZOETIS PAC**Mailing Address 701 8TH STREET, NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20001-3965FEC ID number of contributing  
federal political committee.**C** C00541177

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2025**Transaction ID : SA11C.4803625**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

15000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. BOX 661

City  
COLLINSVILLEState  
ILZip Code  
62234-0661FEC ID number of contributing  
federal political committee.**C** C00258855

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4834981**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. ABBVIE PAC**

Mailing Address 1 N WAUKEGAN RD

City  
LAKE BLUFFState  
ILZip Code  
60044-1667FEC ID number of contributing  
federal political committee.**C** C00536573

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835015**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICAN ACADEMY OF DERMATOLOGY ASSOC PAC**Mailing Address 1445 NEW YORK AVENUE NW  
STE 800City  
WASHINGTONState  
DCZip Code  
20005-2135FEC ID number of contributing  
federal political committee.**C** C00359539

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4834984**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. CRPPA FEDPAC**

Mailing Address 8712 HWY 23

City  
BELLE CHASSEState  
LAZip Code  
70037-2228FEC ID number of contributing  
federal political committee.**C**

C00221077

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835006**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**B. DELTA AIR LINES POLITICAL ACTION COMMITTEE**Mailing Address 1212 NEW YORK AVENUE NW  
SUITE 200City  
WASHINGTONState  
DCZip Code  
20005-6609FEC ID number of contributing  
federal political committee.**C**

C00104802

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835017**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. EDISON INTERNATIONAL PAC**

Mailing Address 2244 WALLNUT GROVE AVE

City  
ROSEMEADState  
CAZip Code  
91770-3714FEC ID number of contributing  
federal political committee.**C**

C00019653

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835024**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

11000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. EXIGER LLC POLITICAL ACTION COMMITTEE (EXIGER PAC OR E-PAC)**Mailing Address 1201 PENNSYLVANIA AVE NW  
SUITE 800City  
WASHINGTONState  
DCZip Code  
20004-2401FEC ID number of contributing  
federal political committee.**C**

C00878231

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835012**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. EXXONMOBIL PAC**

Mailing Address 5959 LAS COLINAS BLVD

City  
IRVINGState  
TXZip Code  
75039-4202FEC ID number of contributing  
federal political committee.**C**

C00121368

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4834982**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address 4950 W ROYAL LANE

City  
IRVINGState  
TXZip Code  
75063-2524FEC ID number of contributing  
federal political committee.**C**

C00140061

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835020**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

10000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**SCALISE LEADERSHIP FUND**

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

**A. NATIONAL OCEAN INDUSTRIES ASSOCIATION (NOIA) PAC**

Mailing Address 1120 G ST NW

City  
WASHINGTONState  
DCZip Code  
20005-3801FEC ID number of contributing  
federal political committee.**C** C00409565

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4834985**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. NATIONAL PORK PRODUCERS COUNCIL PORK PAC**

Mailing Address P.O. BOX 10383

City  
DES MOINESState  
IAZip Code  
50306-0383FEC ID number of contributing  
federal political committee.**C** C00201871

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835022**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE**

Mailing Address 950 NORTH GLEBE RD STE 520

City  
ARLINGTONState  
VAZip Code  
22203-4183FEC ID number of contributing  
federal political committee.**C** C00188011

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835018**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE**

Mailing Address 950 NORTH GLEBE RD STE 520

City  
ARLINGTONState  
VAZip Code  
22203-4183FEC ID number of contributing  
federal political committee.**C**

C00188011

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835019**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. NCTA - THE INTERNET AND TELEVISION ASSOCIATION POLITICAL ACT**

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City  
WASHINGTONState  
DCZip Code  
20001-1434FEC ID number of contributing  
federal political committee.**C**

C00010082

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835016**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. OWENS & MINOR, INC. POLITICAL ACTION COMMITTEE (OWENS & MINO**

Mailing Address 9120 LOCKWOOD BOULEVARD

City  
MECHANICSVILLEState  
VAZip Code  
23116-2015FEC ID number of contributing  
federal political committee.**C**

C00769810

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835010**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. OWENS & MINOR, INC. POLITICAL ACTION COMMITTEE (OWENS & MINO**

Mailing Address 9120 LOCKWOOD BOULEVARD

City  
MECHANICSVILLEState  
VAZip Code  
23116-2015FEC ID number of contributing  
federal political committee.**C**

C00769810

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835011**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. PAN AMERICAN LIFE INSURANCE COMPANY PAC**

Mailing Address 601 POYDRAS ST 12TH FL

City  
NEW ORLEANSState  
LAZip Code  
70130-6029FEC ID number of contributing  
federal political committee.**C**

C00232272

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835003**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY PAC**

Mailing Address 1 STATE FARM PLAZA

City  
BLOOMINGTONState  
ILZip Code  
61710-0001FEC ID number of contributing  
federal political committee.**C**

C00544817

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835021**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

7000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. SUSAN B. ANTHONY LIST INC. CANDIDATE FUND (DBA SUSAN B. ANTH**Mailing Address 2800 SHIRLINGTON RD  
STE 1200City  
ARLINGTONState  
VAZip Code  
22206-3616FEC ID number of contributing  
federal political committee.**C** C00332296

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4834983**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. US ENERGY PAC (THE PAC OF AMERICAN EXPLORATION & PRODUCTION**Mailing Address 999 E STREET, NW  
SUITE 200City  
WASHINGTONState  
DCZip Code  
20004-2041FEC ID number of contributing  
federal political committee.**C** C00755454

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2025**Transaction ID : SA11C.4835013**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)**Mailing Address 1201 MARYLAND AVE, SW  
STE. 900City  
WASHINGTONState  
DCZip Code  
20024-2282FEC ID number of contributing  
federal political committee.**C** C00355677

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2025**Transaction ID : SA11C.4835428**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

11000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMERICA'S ELECTRIC COOPERATIVES PAC**

Mailing Address 4301 WILSON BOULEVARD

City  
ARLINGTONState  
VAZip Code  
22203-4419FEC ID number of contributing  
federal political committee.**C**

C00002972

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848371**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**Mailing Address 1505 PRINCE STREET  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-2874FEC ID number of contributing  
federal political committee.**C**

C00024968

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848373**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC P**Mailing Address 1090 VERMONT AVE., NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20005-4905FEC ID number of contributing  
federal political committee.**C**

C00113803

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848391**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

9000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCACY FUND FO**

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 325

City  
WASHINGTONState  
DCZip Code  
20004-3634FEC ID number of contributing  
federal political committee.**C**

C00035675

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848394**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address 1701 JOHN F KENNEDY BLVD

City  
PHILADELPHIAState  
PAZip Code  
19103-2838FEC ID number of contributing  
federal political committee.**C**

C00248716

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848400**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. GLOBALSTAR INC POLITICAL ACTION COMMITTEE**

Mailing Address 1351 HOLIDAY SQUARE BLVD

City  
COVINGTONState  
LAZip Code  
70433-6152FEC ID number of contributing  
federal political committee.**C**

C00667824

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848380**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

8500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. GRIDIRON-PAC**

Mailing Address 345 PARK AVE

City  
NEW YORKState  
NYZip Code  
10154-0023FEC ID number of contributing  
federal political committee.**C**

C00451153

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848396**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. LAMAR PAC**

Mailing Address PO BOX 66338

City  
BATON ROUGEState  
LAZip Code  
70896-6338FEC ID number of contributing  
federal political committee.**C**

C00174599

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848396**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. MERCK PAC**Mailing Address 601 PENNSYLVANIA AVE., NW  
NORTH BUILDING, SUITE 1200City  
WASHINGTONState  
DCZip Code  
20004-2601FEC ID number of contributing  
federal political committee.**C**

C00097485

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848398**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

11000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 159

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. MERCK PAC**Mailing Address 601 PENNSYLVANIA AVE., NW  
NORTH BUILDING, SUITE 1200City  
WASHINGTONState  
DCZip Code  
20004-2601FEC ID number of contributing  
federal political committee.**C** C00097485

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848399**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. NOVARTIS CORPORATION PAC**Mailing Address 801 PENNSYLVANIA AVE NW  
STE 700City  
WASHINGTONState  
DCZip Code  
20004-2723FEC ID number of contributing  
federal political committee.**C** C00033969

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848401**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF OR**Mailing Address 317 MASSACHUSETTS AVE., N.E.  
1ST FLOORCity  
WASHINGTONState  
DCZip Code  
20002-5769FEC ID number of contributing  
federal political committee.**C** C00343137

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025**Transaction ID : SA11C.4848392**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. SMOKE BEND ASSOCIATES LLC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 3524 LAKE ARROWHEAD

City  
HARVEYState  
LAZip Code  
70058-5141FEC ID number of contributing  
federal political committee.

C

C00378950

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11C.4848387

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

**B. THE WILLIAMS COMPANIES INC PAC**

Mailing Address ONE WILLIAMS CENTER 47TH FLOOR

City  
TULSAState  
OKZip Code  
74172-0140FEC ID number of contributing  
federal political committee.

C

C00040394

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11C.4848393

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**C. VALERO POLITICAL ACTION COMMITTEE**

Mailing Address 1 VALERO WAY

City  
SAN ANTONIOState  
TXZip Code  
78249-1616FEC ID number of contributing  
federal political committee.

C

C00109546

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11C.4848395

Amount of Each Receipt this Period

55000.00

☐ Memo Item  
CONTRIBUTION

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

61000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. CRPPA FEDPAC**

Mailing Address 8712 HWY 23

City  
BELLE CHASSEState  
LAZip Code  
70037-2228FEC ID number of contributing  
federal political committee.**C**

C00221077

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2025**Transaction ID : SA11C.4848763**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

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

**B. HOUSTON PILOTS PAC**

Mailing Address 203 DEERWOOD GLEN DRIVE

City  
HOUSTONState  
TXZip Code  
77536-3270FEC ID number of contributing  
federal political committee.**C**

C00842898

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2025**Transaction ID : SA11C.4848761**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

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

**C. ANHEUSER-BUSCH PAC**

Mailing Address ONE BUSCH PLACE 202-7

City  
SAINT LOUISState  
MOZip Code  
63118-1849FEC ID number of contributing  
federal political committee.**C**

C00034488

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2025**Transaction ID : SA11C.4848852**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

9500.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. ACADIAN AMBULANCE EMPLOYEE FEDERAL PAC**

Mailing Address P.O. BOX 98000

City  
LAFAYETTEState  
LAZip Code  
70509-8000FEC ID number of contributing  
federal political committee.**C**

C00335570

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861621**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. AMERICAN AIRLINES PAC**Mailing Address 1200 17TH ST NW  
SUITE 400City  
WASHINGTONState  
DCZip Code  
20036-3012FEC ID number of contributing  
federal political committee.**C**

C00107300

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861593**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**Mailing Address 55 M ST. SE  
SUITE 500CCity  
WASHINGTONState  
DCZip Code  
20003-3522FEC ID number of contributing  
federal political committee.**C**

C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861625**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

10000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**Mailing Address 55 M ST. SE  
SUITE 500CCity  
WASHINGTONState  
DCZip Code  
20003-3522FEC ID number of contributing  
federal political committee.**C**

C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861626**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**Mailing Address 55 M ST. SE  
SUITE 500CCity  
WASHINGTONState  
DCZip Code  
20003-3522FEC ID number of contributing  
federal political committee.**C**

C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861627**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. AMERICAN HOSPITAL ASSOCIATION PAC**Mailing Address 800 TENTH STREET, NW  
TWO CITY CENTER, SUITE 400City  
WASHINGTONState  
DCZip Code  
20001-5189FEC ID number of contributing  
federal political committee.**C**

C00106146

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861602**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 115 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMERICAN HOSPITAL ASSOCIATION PAC**Mailing Address 800 TENTH STREET, NW  
TWO CITY CENTER, SUITE 400City  
WASHINGTONState  
DCZip Code  
20001-5189FEC ID number of contributing  
federal political committee.**C** C00106146

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861603**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. AMERICAN HOSPITAL ASSOCIATION PAC**Mailing Address 800 TENTH STREET, NW  
TWO CITY CENTER, SUITE 400City  
WASHINGTONState  
DCZip Code  
20001-5189FEC ID number of contributing  
federal political committee.**C** C00106146

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861604**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION POLITICAL A**Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200SCity  
CHICAGOState  
ILZip Code  
60631-3512FEC ID number of contributing  
federal political committee.**C** C00066472

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861595**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

17500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMGEN INC. POLITICAL ACTION COMMITTEE**Mailing Address 601 13TH ST NW  
12TH FLOORCity  
WASHINGTONState  
DCZip Code  
20005-3819FEC ID number of contributing  
federal political committee.**C**

C00251876

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861640**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. ATMOS ENERGY CORPORATION PAC**

Mailing Address 5430 LBJ FREEWAY, SUITE 160

City  
DALLASState  
TXZip Code  
75240-2630FEC ID number of contributing  
federal political committee.**C**

C00381954

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861628**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

**C. BOEHRINGER INGELHEIM USA CORPORATION POLITICAL ACT**

Mailing Address 900 RIDGEBURY RD

City  
RIDGEFIELDState  
CTZip Code  
06877-1058FEC ID number of contributing  
federal political committee.**C**

C00420398

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861598**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

13500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. CONOCOPHILLIPS SPIRIT PAC**

Mailing Address 720 N. PLAZA OFFICE BUILDING

City  
BARTLESVILLEState  
OKZip Code  
74004-0001FEC ID number of contributing  
federal political committee.**C**

C00112896

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11C.4861641

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE H**Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 710City  
WASHINGTONState  
DCZip Code  
20004-2513FEC ID number of contributing  
federal political committee.**C**

C00197228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11C.4861622

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. ELI LILLY & COMPANY PAC**

Mailing Address LILLY CORPORATE CENTER

City  
INDIANAPOLISState  
INZip Code  
46285-0001FEC ID number of contributing  
federal political committee.**C**

C00082792

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11C.4861594

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. GRAIL, INC PAC**Mailing Address 1401 NEW YORK AVENUE, NW  
SUITE 701City  
WASHINGTONState  
DCZip Code  
20005-2160FEC ID number of contributing  
federal political committee.**C** C00754648

Name of Employer (for Individual)

Occupation (for Individual)

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  
03 / 27 / 2025**Transaction ID : SA11C.4861601**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. HUMANA INC. POLITICAL ACTION COMMITTEE**Mailing Address 975 F STREET, NW  
SUITE 550City  
WASHINGTONState  
DCZip Code  
20004-1458FEC ID number of contributing  
federal political committee.**C** C00271007

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861607**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. HUMANA INC. POLITICAL ACTION COMMITTEE**Mailing Address 975 F STREET, NW  
SUITE 550City  
WASHINGTONState  
DCZip Code  
20004-1458FEC ID number of contributing  
federal political committee.**C** C00271007

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861608**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC**Mailing Address 1801 K STREET, NW  
SUITE 12000City  
WASHINGTONState  
DCZip Code  
20006-1301FEC ID number of contributing  
federal political committee.**C**

C00280222

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861600**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. LAKE CHARLES PILOTS INC FED PAC**

Mailing Address 4902 IHLES ROAD SUITE A

City

LAKE CHARLES

State

LA

Zip Code

70605-5905

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

C00568196

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861613**

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

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

**C. NATIONAL RESTAURANT ASSOCIATION PAC (RESTAURANT PA**

Mailing Address 2055 L ST NW

City

WASHINGTON

State

DC

Zip Code

20036-4983

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

C00003764

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861605**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

CONTRIBUTION

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

28300.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**SCALISE LEADERSHIP FUND**

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

**A. NATIONAL STONE, SAND & GRAVEL ASSOCIATION/ ROCKPAC**Mailing Address 66 CANAL CENTER PLAZA  
STE 300City  
ALEXANDRIAState  
VAZip Code  
22314-1576FEC ID number of contributing  
federal political committee.**C** C00089458

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861609**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. NOVO NORDISK INC PAC**Mailing Address 920 MASSACHUSETTS AVE, NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20001-4598FEC ID number of contributing  
federal political committee.**C** C00424838

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861642**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. OTSUKA PAC**

Mailing Address 2440 RESEARCH BLVD

City  
ROCKVILLEState  
MDZip Code  
20850-3207FEC ID number of contributing  
federal political committee.**C** C00553834

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2025**Transaction ID : SA11C.4861639**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GO**Mailing Address 950 F STREET, NW  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20004-1440FEC ID number of contributing  
federal political committee.**C**

C00021972

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2025

**Transaction ID : SA11C.4861597**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. PHILLIPS 66 PAC**

Mailing Address 670 SE ADAMS BLVD

City

BARTLESVILLE

State  
OKZip Code  
74003-5119FEC ID number of contributing  
federal political committee.**C**

C00513549

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2025

**Transaction ID : SA11C.4861599**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)**Mailing Address 1445 NEW YORK AVENUE NW  
7TH FLOOR

City

WASHINGTON

State  
DCZip Code  
20005-2134FEC ID number of contributing  
federal political committee.**C**

C00256453

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2025

**Transaction ID : SA11C.4874845**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

7500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. TRAVELERS COMPANIES PAC**

Mailing Address ONE TOWER SQUARE

City  
HARTFORDState  
CTZip Code  
06183-0001FEC ID number of contributing  
federal political committee.

C

C00376376

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2025

Transaction ID : SA11C.4861611

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. DISCOVER FINANCIAL SERVICES PAC**

Mailing Address 500 8TH ST NW SUITE 210

City  
WASHINGTONState  
DCZip Code  
20004-2131FEC ID number of contributing  
federal political committee.

C

C00438051

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2025

Transaction ID : SA11C.4861699

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE NW

City  
WASHINGTONState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.

C

C00096156

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2025

Transaction ID : SA11C.4861698

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. ABBOTT LABORATORIES EMPLOYEE PAC**

Mailing Address 100 ABBOTT PARK RD

City  
LAKE BLUFFState  
ILZip Code  
60044-FEC ID number of contributing  
federal political committee.**C**

C00040279

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874038**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. ABBOTT LABORATORIES EMPLOYEE PAC**

Mailing Address 100 ABBOTT PARK RD

City  
LAKE BLUFFState  
ILZip Code  
60044-FEC ID number of contributing  
federal political committee.**C**

C00040279

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874039**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. ABBOTT LABORATORIES EMPLOYEE PAC**

Mailing Address 100 ABBOTT PARK RD

City  
LAKE BLUFFState  
ILZip Code  
60044-FEC ID number of contributing  
federal political committee.**C**

C00040279

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874040**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

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

25000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AFLAC INC PAC**

Mailing Address 1932 WYNNTON ROAD

City  
COLUMBUSState  
GAZip Code  
31999-0001FEC ID number of contributing  
federal political committee.**C**

C00034157

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874868**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)**Mailing Address 101 CONSTITUTION AVE NW  
SUITE 400WCity  
WASHINGTONState  
DCZip Code  
20001-2155FEC ID number of contributing  
federal political committee.**C**

C00089136

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874878**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICA'S ELECTRIC COOPERATIVES PAC**

Mailing Address 4301 WILSON BOULEVARD

City  
ARLINGTONState  
VAZip Code  
22203-4419FEC ID number of contributing  
federal political committee.**C**

C00002972

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874871**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

15000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 125 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMERICA'S CREDIT UNIONS PAC OF CREDIT UNION NATIONAL ASSOCIA**Mailing Address 99 M ST, SE  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20003-3957FEC ID number of contributing  
federal political committee.**C** C00007880

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874877**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. AMERICAN ACADEMY OF OPHTHALMOLOGY INC. POLITICAL COMMITTEE (**

Mailing Address 655 BEACH STREET

City  
SAN FRANCISCOState  
CAZip Code  
94109-1342FEC ID number of contributing  
federal political committee.**C** C00196246

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874860**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICAN COLLEGE OF CARDIOLOGY PAC**

Mailing Address 2400 N ST NW

City  
WASHINGTONState  
DCZip Code  
20037-1153FEC ID number of contributing  
federal political committee.**C** C00375360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874046**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**Mailing Address 919 18TH STREET, NW  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20006-5531FEC ID number of contributing  
federal political committee.**C** C00038604

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874045**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION**Mailing Address 800 MAINE AVE SW  
STE 900City  
WASHINGTONState  
DCZip Code  
20024-2812FEC ID number of contributing  
federal political committee.**C** C00373696

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874048**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. ARNOLD & PORTER KAYE SCHOLER LLP (APKS) PARTNERS POLITICAL A**

Mailing Address 601 MASSACHUSETTS AVE. NW

City  
WASHINGTONState  
DCZip Code  
20001-5369FEC ID number of contributing  
federal political committee.**C** C00216895

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874851**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. ASTELLAS US LLC PAC (ASTELLAS PAC)**

Mailing Address 1 ASTELLAS WAY

City  
NORTHBROOKState  
ILZip Code  
60062-6145FEC ID number of contributing  
federal political committee.**C** C00444885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874870**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. AVANGRID POLITICAL ACTION COMMITTEE**Mailing Address 607 14TH STREET, NW  
SUITE 540City  
WASHINGTONState  
DCZip Code  
20005-2096FEC ID number of contributing  
federal political committee.**C** C00406801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874047**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. BUNGE NORTH AMERICA INC POLITICAL ACTION COMMITTEE**Mailing Address 25 MASSACHUSETTS AVENUE, NW  
SUITE 340City  
WASHINGTONState  
DCZip Code  
20001-7404FEC ID number of contributing  
federal political committee.**C** C00401687

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874869**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. CHARTER COMMUNICATIONS, INC. PAC**Mailing Address 400 ATLANTIC STREET  
10TH FLOORCity  
STAMFORDState  
CTZip Code  
06901-3512FEC ID number of contributing  
federal political committee.**C**

C00426775

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4874043

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. CHARTER COMMUNICATIONS, INC. PAC**Mailing Address 400 ATLANTIC STREET  
10TH FLOORCity  
STAMFORDState  
CTZip Code  
06901-3512FEC ID number of contributing  
federal political committee.**C**

C00426775

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4874044

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. CHS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 5500 CENEX DRIVE

City  
INVER GROVE HEIGHTState  
MNZip Code  
55077-1721FEC ID number of contributing  
federal political committee.**C**

C00149104

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4874854

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

15000.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 129 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City  
WASHINGTONState  
DCZip Code  
20004-2524FEC ID number of contributing  
federal political committee.**C**

C00008474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874855**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address 1701 JOHN F KENNEDY BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103-2838

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

C00248716

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874879**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address 1701 JOHN F KENNEDY BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103-2838

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

C00248716

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874880**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 130 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. CONSTELLATION ENERGY CORPORATION EMPLOYEE POLITICAL ACTION C**Mailing Address 101 CONSTITUTION AVE, NW  
SUITE 400 EASTCity  
WASHINGTONState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.**C** C00793711

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874867**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. CROPLIFE AMERICA POLITICAL ACTION COMMITTEE**Mailing Address 4201 WILSON BOULEVARD  
SUITE 700City  
ARLINGTONState  
VAZip Code  
22203-4454FEC ID number of contributing  
federal political committee.**C** C00248849

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874852**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. DAVITA INC. POLITICAL ACTION COMMITTEE (DAPAC)**

Mailing Address 32275 32ND AVE, S.

City  
FEDERAL WAYState  
WAZip Code  
98001-9616FEC ID number of contributing  
federal political committee.**C** C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874041**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 131 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE H**Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 710City  
WASHINGTONState  
DCZip Code  
20004-2513FEC ID number of contributing  
federal political committee.**C**

C00197228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4874866

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. GILEAD SCIENCES INC HEALTHCARE POLICY PAC**

Mailing Address 333 LAKESIDE DRIVE

City

FOSTER CITY

State  
CAZip Code  
94404-1147FEC ID number of contributing  
federal political committee.**C**

C00396895

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4874861

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. GREENBERG TRAURIG LLP PAC**

Mailing Address 2101 L STREET. NW, STE. 1000

City

WASHINGTON

State  
DCZip Code  
20037-1593FEC ID number of contributing  
federal political committee.**C**

C00266585

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4874873

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

10000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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****A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GUIDEWELL MUTUAL HOLDING CORPORATION POLITICAL ACTION COMMITTEE (GUIDEWELL PAC)Mailing Address 4800 DEERWOOD CAMPUS PARKWAY  
DC3-4City  
JACKSONVILLEState  
FLZip Code  
32246-8317FEC ID number of contributing  
federal political committee.**C**

C00161141

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874035**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HDR INC. PAC

Mailing Address 1101 KING STREET, SUITE 400

City

ALEXANDRIA

State

VA

Zip Code

22314-2960

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

C00103903

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874875**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MARATHON PETROLEUM CORPORATION EMPLOYEES PAC

Mailing Address 539 S MAIN ST

City

FINDLAY

State

OH

Zip Code

45840-3229

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

C00496307

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874857**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

30000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 133 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. MARATHON PETROLEUM CORPORATION EMPLOYEES PAC**

Mailing Address 539 S MAIN ST

City  
FINDLAYState  
OHZip Code  
45840-3229FEC ID number of contributing  
federal political committee.**C** C00496307

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874858**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. MARATHON PETROLEUM CORPORATION EMPLOYEES PAC**

Mailing Address 539 S MAIN ST

City  
FINDLAYState  
OHZip Code  
45840-3229FEC ID number of contributing  
federal political committee.**C** C00496307

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874859**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

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

**C. MAXIMUS INC POLITICAL ACTION COMMITTEE (MAXPAC)**Mailing Address 1600 TYSON BLVD  
SUITE 1400City  
MCLEANState  
VAZip Code  
22102-4893FEC ID number of contributing  
federal political committee.**C** C00343707

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874876**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

25000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 134 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. MOLINA HEALTHCARE, INC. PAC**Mailing Address 200 OCEANGATE  
SUITE 100City  
LONG BEACHState  
CAZip Code  
90802-4317FEC ID number of contributing  
federal political committee.**C**

C00430256

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874856**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. NATIONAL ASSOCIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS**

Mailing Address 707 NORTH ST. ASAPH STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-1911

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

C00447284

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874853**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL**

Mailing Address 100 INDIANA AVE., N. W.

City

WASHINGTON

State

DC

Zip Code

20001-2144

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

C00023580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874864**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 135 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL**

Mailing Address 100 INDIANA AVE., N. W.

City  
WASHINGTONState  
DCZip Code  
20001-2144FEC ID number of contributing  
federal political committee.**C** C00023580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874872**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. NRLCA PAC**Mailing Address 1630 DUKE STREET  
2ND FLOOR

City

ALEXANDRIA

State  
VAZip Code  
22314-3467FEC ID number of contributing  
federal political committee.**C** C00072025

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874042**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. ROCK HOLDINGS INC. PAC**Mailing Address 101 S. WASHINGTON SQ.  
SUITE 300

City

LANSING

State  
MIZip Code  
48933-1732FEC ID number of contributing  
federal political committee.**C** C00388827

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025**Transaction ID : SA11C.4874036**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

15000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. THE SURETY & FIDELITY ASSOCIATION OF AMERICA POLITICAL ACTIO**Mailing Address 1140 19TH STREET NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20036-6617FEC ID number of contributing  
federal political committee.**C**

C00691618

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874863**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. UNITED HEALTH PAC**

Mailing Address 6214 WEDGEWOOD ROAD

City

BETHESDA

State  
MDZip Code  
20817-5902FEC ID number of contributing  
federal political committee.**C**

C00321844

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874865**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PKWY NE

City

ATLANTA

State  
GAZip Code  
30328-3474FEC ID number of contributing  
federal political committee.**C**

C00064766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2025

**Transaction ID : SA11C.4874037**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 159  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. UNUMPROVIDENT PAC**

Mailing Address 1 FOUNTAIN SQUARE

City  
CHATTANOOGAState  
TNZip Code  
37402-1306FEC ID number of contributing  
federal political committee.

C

C00177436

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2025

Transaction ID : SA11C.4874874

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

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

998300.00

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

PAGE 138 OF 159

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1920 MCKINNEY AVE  
7TH FLRCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	6		2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20000**

Amount of Each Disbursement this Period

3960.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. C.C. ONNEN, LLC**

Mailing Address 2860 ARIZONA TERRACE NW

City  
WASHINGTONState  
DCZip Code  
20016

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	6		2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20009**

Amount of Each Disbursement this Period

10250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD #400

City  
MCLEANState  
VAZip Code  
22182

Purpose of Disbursement

DATABASE SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	6		2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20013**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14460.60

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

PAGE 139 OF 159

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

TRAVEL / FACILITY RENTAL / CATERING / FOOD/BEVERAGE / OFFICE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	5			

FEC Identification Number

**C****Transaction ID : 20053**

Amount of Each Disbursement this Period

122809.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CORCORAN STRATEGIES**

Mailing Address 200 CIRCLE AVENUE

City  
CHARLOTTEState  
NCZip Code  
28207

Purpose of Disbursement

FUNDRAISING CONSULTING / FOOD/BEVERAGE / TRAVEL / MUSICAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	5			

FEC Identification Number

**C****Transaction ID : 20016**

Amount of Each Disbursement this Period

31178.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LILLY & COMPANY**

Mailing Address 1005 CONGRESS AVENUE SUITE 400

City  
AUSTINState  
TXZip Code  
78701

Purpose of Disbursement

FUNDRAISING CONSULTING / DELIVERY SERVICE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	5			

FEC Identification Number

**C****Transaction ID : 20031**

Amount of Each Disbursement this Period

7682.53

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

161670.02

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

PAGE 140 OF 159

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. CROSBY OTTENHOFF GROUP, LLC**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOKState  
ALZip Code  
35223Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 20020

Amount of Each Disbursement this Period

1494.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. C.C. ONNEN, LLC**

Mailing Address 2860 ARIZONA TERRACE NW

City  
WASHINGTONState  
DCZip Code  
20016Purpose of Disbursement  
TRAVEL / FOOD/BEVERAGE / CATERING / FACILITY RENTAL

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 20010

Amount of Each Disbursement this Period

20219.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 20059

Amount of Each Disbursement this Period

1036.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22751.16

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

PAGE 141 OF 159

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. C.C. ONNEN, LLC**

Mailing Address 2860 ARIZONA TERRACE NW

City  
WASHINGTONState  
DCZip Code  
20016

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20011**

Amount of Each Disbursement this Period

10250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CORCORAN STRATEGIES**

Mailing Address 200 CIRCLE AVENUE

City  
CHARLOTTEState  
NCZip Code  
28207

Purpose of Disbursement

FUNDRAISING CONSULTING / TRAVEL / FACILITY RENTAL / CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20017**

Amount of Each Disbursement this Period

80755.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DRUCKER LAWHON**

Mailing Address 530 10TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

FUNDRAISING CONSULTING / FOOD/BEVERAGE / FACILITY RENTAL /

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20023**

Amount of Each Disbursement this Period

30420.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

121426.56

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

PAGE 142 OF 159

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. DRUCKER LAWHON**

Mailing Address 530 10TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

FUNDRAISING CONSULTING / FOOD/BEVERAGE / FACILITY RENTAL /

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20024**

Amount of Each Disbursement this Period

25526.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20041**

Amount of Each Disbursement this Period

7790.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC ADVANCE SERVICES**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

TRAVEL / FACILITY RENTAL / CATERING / FOOD/BEVERAGE / OFFICE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20054**

Amount of Each Disbursement this Period

153288.88

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

186605.58

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

PAGE 143 OF 159

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 20060**

Amount of Each Disbursement this Period

1282.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD #400

City  
MCLEANState  
VAZip Code  
22182

Purpose of Disbursement

DATABASE SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 20014**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DRUCKER LAWHON**

Mailing Address 530 10TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 20025**

Amount of Each Disbursement this Period

17923.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

19455.50

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

PAGE 144 OF 159

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

CATERING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : 20042

Amount of Each Disbursement this Period

5725.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : 20061

Amount of Each Disbursement this Period

4338.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSBY OTTENHOFF GROUP, LLC**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOKState  
ALZip Code  
35223

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : 20021

Amount of Each Disbursement this Period

2976.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13040.39



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. DRUCKER LAWHON**

Mailing Address 530 10TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

FUNDRAISING CONSULTING / TRAVEL / FACILITY RENTAL / CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	5	

FEC Identification Number

**C**

Transaction ID : 20026

Amount of Each Disbursement this Period

13091.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

PRINTING / POSTAGE / CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	5	

FEC Identification Number

**C**

Transaction ID : 20043

Amount of Each Disbursement this Period

8408.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	5	

FEC Identification Number

**C**

Transaction ID : 20062

Amount of Each Disbursement this Period

1327.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22827.78

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1920 MCKINNEY AVE  
7TH FLRCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20001**

Amount of Each Disbursement this Period

486.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20063**

Amount of Each Disbursement this Period

2482.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CORCORAN STRATEGIES**

Mailing Address 200 CIRCLE AVENUE

City  
CHARLOTTEState  
NCZip Code  
28207

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20018**

Amount of Each Disbursement this Period

11696.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14665.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20064**

Amount of Each Disbursement this Period

485.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD #400

City  
MCLEANState  
VAZip Code  
22182

Purpose of Disbursement

DATABASE SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20015**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. C.C. ONNEN, LLC**

Mailing Address 2860 ARIZONA TERRACE NW

City  
WASHINGTONState  
DCZip Code  
20016

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20012**

Amount of Each Disbursement this Period

10250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10985.08

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. BEACON CONSULTING, LLC**

Mailing Address 421 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL / FOOD/BEVERAGE

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	0			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20008**

Amount of Each Disbursement this Period

3691.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	0			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20065**

Amount of Each Disbursement this Period

1427.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1920 MCKINNEY AVE  
7TH FLRCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20003**

Amount of Each Disbursement this Period

363.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5482.94

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

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1920 MCKINNEY AVE  
7TH FLRCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20004**

Amount of Each Disbursement this Period

843.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP, LLC**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOKState  
ALZip Code  
35223

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20022**

Amount of Each Disbursement this Period

2643.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

CATERING / FLORAL ARRANGEMENTS / PRINTING/POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 20044**

Amount of Each Disbursement this Period

39407.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

42894.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

PRINTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 20045**

Amount of Each Disbursement this Period

4519.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

FURNITURE / INSURANCE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 20046**

Amount of Each Disbursement this Period

2300.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

CATERING / PRINTING / FLORAL ARRANGMENTS / TRAVEL / DELIVERY

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 20047**

Amount of Each Disbursement this Period

25508.74

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

32328.28

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



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	5			

FEC Identification Number

**C****Transaction ID : 20067**

Amount of Each Disbursement this Period

1641.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1920 MCKINNEY AVE  
7TH FLRCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	5			

FEC Identification Number

**C****Transaction ID : 20006**

Amount of Each Disbursement this Period

330.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1920 MCKINNEY AVE  
7TH FLRCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	5			

FEC Identification Number

**C****Transaction ID : 20007**

Amount of Each Disbursement this Period

314.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2286.15



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. CORCORAN STRATEGIES**

Mailing Address 200 CIRCLE AVENUE

City  
CHARLOTTEState  
NCZip Code  
28207

Purpose of Disbursement

FUNDRAISING CONSULTING / TRAVEL / FACILITY RENTAL / CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 20019

Amount of Each Disbursement this Period

45617.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NUNGESSER CONSULTING**

Mailing Address PO BOX 7

City  
BATON ROUGEState  
LAZip Code  
70821

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 20049

Amount of Each Disbursement this Period

433.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 20068

Amount of Each Disbursement this Period

1081.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

47132.12

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

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

PAGE 154 OF 159

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES, LLC**

Mailing Address 1776 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22209

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 20069

Amount of Each Disbursement this Period

260.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

260.80

755325.30

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

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City  
JEFFERSONState  
LAZip Code  
70183Purpose of Disbursement  
TRANSFER OF NET PROCEEDS

Candidate Name

SCALISE, STEVE, , ,

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5		

FEC Identification Number

**C** C00394957**Transaction ID : 20050**

Amount of Each Disbursement this Period

266280.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City  
JEFFERSONState  
LAZip Code  
70183Purpose of Disbursement  
TRANSFER OF NET PROCEEDS

Candidate Name

SCALISE, STEVE, , ,

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5		

FEC Identification Number

**C** C00394957**Transaction ID : 20051**

Amount of Each Disbursement this Period

93839.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City  
JEFFERSONState  
LAZip Code  
70183Purpose of Disbursement  
TRANSFER OF NET PROCEEDS

Candidate Name

SCALISE, STEVE, , ,

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5		

FEC Identification Number

**C** C00394957**Transaction ID : 20052**

Amount of Each Disbursement this Period

290569.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

650690.10

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

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

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. THE EYE OF THE TIGER PAC**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
TRANSFER OF NET PROCEEDS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5	

FEC Identification Number

**C** C00467431**Transaction ID : 20027**

Amount of Each Disbursement this Period

257961.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRANSFER OF NET PROCEEDS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5	

FEC Identification Number

**C** C00075820**Transaction ID : 20038**

Amount of Each Disbursement this Period

196650.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NRCC**

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRANSFER OF NET PROCEEDS - BUILDING ACCT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5	

FEC Identification Number

**C** C00075820**Transaction ID : 20039**

Amount of Each Disbursement this Period

375898.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

830510.39

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

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

TRANSFER OF NET PROCEEDS - LEGAL ACCT

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5		

FEC Identification Number

**C** C00075820**Transaction ID : 20040**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

1486200.49

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

PAGE 158 OF 159

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. HILDEBRAND, JEFFREY, D, ,**

Mailing Address 1201 LOUISIANA STE 1400

City  
HOUSTONState  
TXZip Code  
77002Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2025

FEC Identification Number

**C****Transaction ID : 20030**

Amount of Each Disbursement this Period

29700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANWAR, SYED, JAVAID, ,**Mailing Address 110 N MARIENFELD  
STE 101City  
MIDLANDState  
TXZip Code  
79701Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2025

FEC Identification Number

**C****Transaction ID : 20055**

Amount of Each Disbursement this Period

95000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

124700.00

124700.00

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

PAGE 159 OF 159

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. UNION PACIFIC CORPORATION FUND FOR EFFEC**

Mailing Address TIVE GOVERNMENT

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 20056**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

5000.00