

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 885 OF 7309

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SCALISE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLENBERG, BILL, , ,**

Mailing Address 1002 HARWOOD CT

City EULESS	State TX	Zip Code 76039-3921
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 15 2019

Transaction ID : SA11A.287964

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAMS, BETTE, , ,**

Mailing Address 6704 MANCHACA RD 21

City AUSTIN	State TX	Zip Code 78745-4980
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation CPA
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 15 2019

Transaction ID : SA11A.288103

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WIRT, CHARLES R, , ,**

Mailing Address 6175 NW 167 ST. G35

City MIAMI	State FL	Zip Code 33015-
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHEAST INSURANCE CENTER INC.	Occupation INSURANCE BROKER
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 15 2019

Transaction ID : SA11A.288109

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00