

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

WITZMAN, KAREN, , ,

Mailing Address 3535 BONNA BELLE COURT

City

SAINT CLOUD

State

MN

Zip Code

56301-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	9

Transaction ID : SA11A.317050

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AGUILERA, ROBERTO, , ,

Mailing Address 610 S MELROSE DR.

City

VISTA

State

CA

Zip Code

92081-6625

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	9

Transaction ID : SA11A.318301

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ASHDOWN, DIANA, , ,

Mailing Address 2962 FALLEHN DR.

City

CORTLAND

State

OH

Zip Code

44410-9233

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	9

Transaction ID : SA11A.317034

Amount of Each Receipt this Period

50.00

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

200.00
