

# **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)

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

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NAME OF COMMITTEE (In Full)

**SCALISE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**SINOFF, CLIVE, , ,**

**A.**

Mailing Address 22200 HALBURTON RD

City

BEACHWOOD

State

OH

Zip Code

44122-3933

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2019

Transaction ID : SA11A.318943

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SMITH, PETER, , ,**

**B.**

Mailing Address 3201 KNOLL DRIVE

City

NEWBERG

State

OR

Zip Code

97132-8613

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2019

Transaction ID : SA11A.319222

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SNIPES, DAVID, , ,**

**C.**

Mailing Address 405 WATERMERE DR.

City

SOUTHLAKE

State

TX

Zip Code

76092-8136

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 ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2019

Transaction ID : SA11A.319160

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

310.00

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