

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

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

FOR LINE NUMBER: PAGE 6253 OF 7309

(check only one)

☒ 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) CHAVES, JOHN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2019		
Mailing Address 231 SADDLEBOW			Transaction ID : SA11A.350179		
City WEST HILLS	State CA	Zip Code 91307-1035	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer SELF		Occupation DENTIST		Election Cycle-to-Date 280.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 280.00			
B. Full Name (Last, First, Middle Initial) CHAVES, JOHN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2019		
Mailing Address 231 SADDLEBOW			Transaction ID : SA11A.351896		
City WEST HILLS	State CA	Zip Code 91307-1035	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer SELF		Occupation DENTIST		Election Cycle-to-Date 280.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 280.00			
C. Full Name (Last, First, Middle Initial) CHU, ELIZABETH, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2019		
Mailing Address 3535 BROKENWOOD DRIVE 304			Transaction ID : SA11A.354192		
City CORAL SPRINGS	State FL	Zip Code 33065-1676	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer RETIRED		Occupation RETIRED		Election Cycle-to-Date 215.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 215.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			285.00		
TOTAL This Period (last page this line number only)..... ▶					