

**SCHEDULE B (FEC Form 3)  
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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**SCALISE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HAYES, GARY, , ,**

Mailing Address 205 PINE SHADOW DR.

City  
CONROEState  
TXZip Code  
77301Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I20736

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. YOKLEY, CHARLES, , ,**

Mailing Address 16 CABRILLO WAY

City  
FREDERICKSBURGState  
VAZip Code  
22406Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I20827

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BAIRD, JOHN, , ,**Mailing Address 19707 TURNBERRY WAY  
8GCity  
MIAMIState  
FLZip Code  
33180Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I20963

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

200.00

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