

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

PAGE 7240 OF 7309

<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. HUNTER III, JAMES, , ,**

Mailing Address 2008 CHAMPIONS

City  
LUFKINState  
TXZip Code  
75902Purpose 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	9		1	3		2	0	1	9

FEC Identification Number

**C**

Amount of Each Disbursement this Period

250.00

Transaction ID : SB20A.I20948

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHNSON, CALVIN, , ,**

Mailing Address 8022 SUNRISE CIRCLE

City  
FRANKLINState  
TNZip Code  
37067Purpose 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	9		1	3		2	0	1	9

FEC Identification Number

**C**

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I20822

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LARSEN, ROY, , ,**Mailing Address 1930 E 12TH ST  
123City  
CASPERState  
WYZip Code  
82601Purpose 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	9		1	3		2	0	1	9

FEC Identification Number

**C**

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I20705

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

300.00

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