

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> SCALISE FOR CONGRESS			
ADDRESS (number and street) PO BOX 23219			
CITY JEFFERSON		STATE LA	ZIP CODE 70183-0219
<b>2. NAME OF CANDIDATE</b> SCALISE, STEVE, , MR,		<b>3. OFFICE SOUGHT</b> (State and District) House LA 01	
<b>4. FEC IDENTIFICATION NUMBER</b> C00394957			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> HANDLER, WILSON, , ,		Name of Employer APOLLO	Date (month, day, year) 04/27/2026
MAILING ADDRESS 100 W. PUTNAM AVENUE		Transaction ID : TX5561285	Amount 5000.00
CITY GREENWICH	STATE CT	ZIP CODE 06830-5361	Occupation PARTNER
<b>B. FULL NAME</b> MILLS, TREVOR, , ,		Name of Employer APOLLO	Date (month, day, year) 04/27/2026
MAILING ADDRESS 701 BRICKELL AVENUE		Transaction ID : TX5561294	Amount 3500.00
CITY MIAMI	STATE FL	ZIP CODE 33131-2813	Occupation PARTNER
<b>C. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>D. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>E. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>SIGNATURE (optional)</b> OTTENHOFF, BENJAMIN, , ,		<b>DATE</b> 04/28/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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