

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

PAGE 1677 OF 1986

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WOISNET, THOMAS, , ,

Mailing Address 809 WILLICH CT

City
LAGRANGEState
OHZip Code
44050Purpose 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	1		0	2		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I19304

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EDGE, GEORGE, , ,

Mailing Address 5544 FOREST GLEN DR.

City
GROVE CITYState
OHZip Code
43123Purpose 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	1		0	3		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

35.00

Transaction ID : SB20A.I18665

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EDGE, GEORGE, , ,

Mailing Address 5544 FOREST GLEN DR.

City
GROVE CITYState
OHZip Code
43123Purpose 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	1		0	3		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

35.00

Transaction ID : SB20A.I18666

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

120.00

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