

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

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

FOR LINE NUMBER: PAGE 193 OF 1532  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TRUMP VICTORY**

**A. FERTITTA, LORENZO, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 379045  
 City LAS VEGAS    State NV    Zip Code 89137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATION CASINOS    Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2019  
**Transaction ID : SA11AI.45858**  
 Amount of Each Receipt this Period  
 360600.00  
 Memo Item

**B. FERTITTA, TERESA, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 379045  
 City LAS VEGAS    State NV    Zip Code 89137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER    Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2019  
**Transaction ID : SA11AI.45862**  
 Amount of Each Receipt this Period  
 360600.00  
 Memo Item

**C. FIELDS, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3611 S WAVERLY PLACE  
 City TAMPA    State FL    Zip Code 33629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOFFITT CANCER CENTER    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General  
                    Other (specify)  
 Aggregate Year-to-Date ▼  
 521.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2019  
**Transaction ID : SA11AI.48235**  
 Amount of Each Receipt this Period  
 521.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 721721.15  
**TOTAL** This Period (last page this line number only)..... ▶