

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 794 OF 1896
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

TRUMP VICTORY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PORTERFIELD, JUDITH, , ,

Mailing Address 69616 VINEYARD ROAD

City

SAINT CLAIRSVILLE

State

OH

Zip Code

43950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KIRKES HOMAMADE ICE CREAM

Occupation (for Individual)

SELF-EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2019

Transaction ID : SA11AI.39391

Amount of Each Receipt this Period

650.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PORTERFIELD, KIRKE, , ,

Mailing Address 69616 VINEYARD ROAD

City

SAINT CLAIRSVILLE

State

OH

Zip Code

43950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2019

Transaction ID : SA11AI.39393

Amount of Each Receipt this Period

650.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PORTNER, ELEANOR, , ,

Mailing Address 865 NAPOLI DR

City

PACIFIC PALISADES

State

CA

Zip Code

90272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PORTNER MEDICAL GROUP

Occupation (for Individual)

PSYCHOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2019

Transaction ID : SA11AI.43549

Amount of Each Receipt this Period

500.00

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

1800.00

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