

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<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)
ERNST VICTORY FUND

A. NICOLE CHAMNESS
Full Name (Last, First, Middle Initial)

Mailing Address 2255 LITTLE WALL LAKE ROAD

City BLAIRSBURG	State IA	Zip Code 50034
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
2600.00

B. JOHN DEVRIES
Full Name (Last, First, Middle Initial)

Mailing Address 1262 GLEN OAKS DRIVE

City WEST DES MOINES	State IA	Zip Code 50266
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
600.00

C. COLIN FERREIRA
Full Name (Last, First, Middle Initial)

Mailing Address 1208 J AVE.

City KALONA	State IA	Zip Code 52247
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation OWNER OF OPTICAL BUSINESS
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2014

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	3450.00
TOTAL This Period (last page this line number only).....▶	