

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

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

FOR LINE NUMBER: PAGE 243 OF 345

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

**TRUMP VICTORY**

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

**A. WALLACE, MICHAEL, J, MR.,**

Mailing Address 945 MELVIN RD

City  
ANNAPOLIS

State  
MD

Zip Code  
21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2019

Transaction ID : SA11AI.28880

Amount of Each Receipt this Period

35000.00

☐ Memo Item

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

**B. WALLACE, PATRICIA, HAWN, MS.,**

Mailing Address 101 N. SHORELINE  
SUITE #600

City  
CORPUS CHRISTI

State  
TX

Zip Code  
78401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : SA11AI.30405

Amount of Each Receipt this Period

8400.00

☐ Memo Item

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

**C. WALLACE, VICTORIA, L, MRS.,**

Mailing Address 945 MELVIN ROAD

City  
ANNAPOLIS

State  
MD

Zip Code  
21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2019

Transaction ID : SA11AI.28878

Amount of Each Receipt this Period

35000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

78400.00