

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

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

FOR LINE NUMBER: PAGE 15 OF 50  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ERNST VICTORY**

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

**A. CHANCY, HUGH, , ,**

Mailing Address 205 EAST MAIN STREET

City  
HAHIRA

State  
GA

Zip Code  
31632-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHANCY DRUGS

Occupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2019

Transaction ID : SA11A.99910

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOFFART, SEVEN, , ,**

Mailing Address MOONLIGHT TRAIL

City  
CONROE

State  
TX

Zip Code  
77384-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAGNOLIA PHARMACY

Occupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2019

Transaction ID : SA11A.99902

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HORTON, EDMUND, , ,**

Mailing Address 2445 NORTHWEST LOOP

City  
STEPHENVILLE

State  
TX

Zip Code  
76401-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2019

Transaction ID : SA11A.99903

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00