

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

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

FOR LINE NUMBER: PAGE 1266 OF 2145

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. WILSON, RICHARD, DAVID, ,

Mailing Address 4767 OCEAN BLVD # 510

City  
SAN DIEGO

State  
CA

Zip Code  
92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2020

Transaction ID : SA11Al.63837

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. WILSON, ROBIN, R, ,

Mailing Address 112 LIGHTSHIP DRIVE

City  
MOORESVILLE

State  
NC

Zip Code  
28117

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  
02 / 12 / 2020

Transaction ID : SA11Al.63838

Amount of Each Receipt this Period

35000.00

☐ Memo Item

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

C. WILSON, WELDON, , MR.,

Mailing Address 3930 ALOMAR DR.

City  
SHERMAN OAKS

State  
CA

Zip Code  
91423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KRAMER-WILSON CO

Occupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2020

Transaction ID : SA11Al.63840

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

36100.00

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