

**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 219 OF 354
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. PRINCE, ERIK, D, MR.,

Mailing Address 23318 FOXCROFT RD

City MIDDLEBURG	State VA	Zip Code 20117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PRINCE GROUP	Occupation (for Individual) OWNER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : SA11AI.20190

Amount of Each Receipt this Period
100000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PRUNSKIS, JOHN, V, DR.,

Mailing Address 600 HART RD.
SUITE 300

City BARRINGTON	State IL	Zip Code 60010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ILLINOIS PAIN INSTITUTE	Occupation (for Individual) PHYSICIAN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : SA11AI.19758

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PULLANO, FRANK, , ,

Mailing Address 777 MOUNT CARMEL AVE

City NORTH HAVEN	State CT	Zip Code 06473
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : SA11AI.20788

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105500.00
TOTAL This Period (last page this line number only).....	