

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

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

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

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

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NAME OF COMMITTEE (In Full)
LURIA VICTORY FUND

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Atkinson, David, , ,</p> <p>Mailing Address 2111 N Crescent Blvd</p> <p>City Yardley State PA Zip Code 19067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>			<p>Date of Receipt 09 / 17 / 2018</p> <p>Transaction ID : SA11AI.4112</p> <p>Amount of Each Receipt this Period 5000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bennett, Leonard, , ,</p> <p>Mailing Address 763 J Clyde Blvd Ste 1A</p> <p>City Newport News State VA Zip Code 23601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Consumer Litigation Associates Occupation (for Individual) Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 10000.00</p>			<p>Date of Receipt 09 / 18 / 2018</p> <p>Transaction ID : SA11AI.4131</p> <p>Amount of Each Receipt this Period 10000.00</p> <p><input type="checkbox"/> Memo Item Earmarked through ActBlue</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Harris, William, , ,</p> <p>Mailing Address 1010 Waltham St</p> <p>City Lexington State MA Zip Code 02421</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Mass General Hospital Occupation (for Individual) Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>			<p>Date of Receipt 09 / 15 / 2018</p> <p>Transaction ID : SA11AI.4108</p> <p>Amount of Each Receipt this Period 5000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>20000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	