

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

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

FOR LINE NUMBER: PAGE 196 OF 487

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Blackburn Tennessee Victory Fund**

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

**A. HOLBERT, KENNETH, L., DR.,**

Mailing Address 130 LAURAL HILL DRIVE

City  
SMYRNA

State  
TN

Zip Code  
37167-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TEAM HEALTH

Occupation (for Individual)  
EMERGENCY PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2018

Transaction ID : SA11A.94709

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOLLAND, JOSEPH, , ,**

Mailing Address 1422 ARROWHEAD PLACE

City  
MURFREESBORO

State  
TN

Zip Code  
37129-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2018

Transaction ID : SA11A.92509

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOLLAND, JOSEPH, , ,**

Mailing Address 1422 ARROWHEAD PLACE

City  
MURFREESBORO

State  
TN

Zip Code  
37129-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2018

Transaction ID : SA11A.92510

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)..... ►

325.00