

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

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

FOR LINE NUMBER: PAGE 220 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. JENKINS, NORMA, , ,**

Mailing Address 13 BOW CIR PMB 143

City  
HILTON HEAD ISLAND

State  
SC

Zip Code  
29928-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHARTER ONE REALTY

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : SA11A.102297**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. JENKINS, RALPH, , ,**

Mailing Address 12105 AMBASSADOR DRIVE  
507

City  
ESTERO

State  
FL

Zip Code  
33928-

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2018

**Transaction ID : SA11A.99336**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. JEZ, MICHAEL, , ,**

Mailing Address 1305 SOMERSET CT.

City  
COLLEYVILLE

State  
TX

Zip Code  
76034-4280

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAP TEXAS

Occupation (for Individual)  
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 / 06 / 2018

**Transaction ID : SA11A.100227**

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)..... ►

600.00