

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**RAND PAUL VICTORY KENTUCKY**

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

**A. WORTH, DANA, , ,**

Mailing Address 6511 ALAMO CT

City  
LOUISVILLEState  
KYZip Code  
40258-3110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MMFIOccupation (for Individual)  
MACHINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11A.733305**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

**B. WRIGHT, TIM, , MR.,**

Mailing Address PO BOX 43

City  
VIRGIEState  
KYZip Code  
41572-0043FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PIKEVILLE MEDICAL CENTEROccupation (for Individual)  
PHYSICIAN

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
09		06		2016

**Transaction ID : SA11A.729948**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

**C. YEZERSKI, JOHN, , MR.,**

Mailing Address 1505 SPRING HILL CT

City  
MURRAYState  
KYZip Code  
42071-9382FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MURRAY CALLOWAY COUNTY HOSPITALOccupation (for Individual)  
PHYSICIAN/SURGEON

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
09		23		2016

**Transaction ID : SA11A.732434**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00