

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**RAND PAUL FOR US SENATE**

Full Name (Last, First, Middle Initial)

**RAGLAND, TRACY, , DR.,**

**A.**

Mailing Address 1506 MAHOGANY RUN DR

City

LA GRANGE

State

KY

Zip Code

40031-8936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2019

Transaction ID : SA11A.768839

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RAWLINGS, SCOTT, , ,**

**B.**

Mailing Address 4619 NORTHFIELD RD

City

BLUE ASH

State

OH

Zip Code

45242-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIHEALTH

Occupation  
NURSE PRACTITIONER

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 07 2019

Transaction ID : SA11A.769971

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RAWLINGS, SCOTT, , ,**

**C.**

Mailing Address 4619 NORTHFIELD RD

City

BLUE ASH

State

OH

Zip Code

45242-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIHEALTH

Occupation  
NURSE PRACTITIONER

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 07 2019

Transaction ID : SA11A.769981

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

550.00

**TOTAL** This Period (last page this line number only)..... ▶