

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Robert Barr for Congress

ADDRESS (number and street)

PO Box 8219

Check if different than previously reported. (ACC)

Cincinnati

OH

45208

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00658310

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

OH

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2018

through

M M /

D D /

Y Y Y Y 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gilbert, Carolyn, , ,

Type or Print Name of Treasurer

Gilbert, Carolyn, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Robert Barr for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	249773.36
(b) Total Contribution Refunds (from Line 20(d)) .....	115054.80	116304.80
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 115054.80	133468.56
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	5225.46	73508.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	76.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5225.46	73431.80
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	45536.76	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Robert Barr for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	210188.00
(ii) Unitemized .....	0.00	25925.36
(iii) TOTAL of contributions from individuals .....	0.00	236113.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7000.00
(d) The Candidate .....	0.00	6660.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	249773.36
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	76.28
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	0.00	249849.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5225.46	73508.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	115054.80	116304.80
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	115054.80	116304.80
21. OTHER DISBURSEMENTS .....	8500.00	14500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	128780.26	204312.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	174317.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	174317.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	128780.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	45536.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Data Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018		
Mailing Address 5565 Glenridge Dr # 2000			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30342-1335	Amount of Each Disbursement this Period 19.95		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : VTQAW9R0NNO		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. First Data Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2018		
Mailing Address 5565 Glenridge Dr # 2000			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30342-1335	Amount of Each Disbursement this Period 19.95		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : VTQAW9SC0J0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Hammer, Eric, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018		
Mailing Address 1408 Republic St			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45202-7014	Amount of Each Disbursement this Period 4500.00		
Purpose of Disbursement Consultant - General Campaign		Category/ Type	Transaction ID : VTQAW9SC0H2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4539.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Amount of Each Disbursement this Period 112.06		
Purpose of Disbursement Payroll - Invoice		Category/ Type	Transaction ID : VTQAW9R0NS2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2018		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Amount of Each Disbursement this Period 281.14		
Purpose of Disbursement Payroll - Invoice		Category/ Type	Transaction ID : VTQAW9SC0K8		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2018		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Amount of Each Disbursement this Period 112.06		
Purpose of Disbursement Payroll - Invoice		Category/ Type	Transaction ID : VTQAW9SC0M6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	505.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018	
Mailing Address 600 Pennsylvania Ave SE Frnt 2			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-9997	Amount of Each Disbursement this Period 60.00	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : VTQAW9RB388	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5105.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alper, Bob, Rabbi, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 976 Bowen Hill Rd			FEC Identification Number <b>C</b>		
City East Dorset	State VT	Zip Code 05253-9749			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RB3A3</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Annenberg, Gloria, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2324 Madison Rd Apt 1403			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45208-2685			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RB3C9</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Arjmand, Elli, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 4126 Lanark Ln			FEC Identification Number <b>C</b>		
City Houston	State TX	Zip Code 77025-1115			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RB3N0</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Barash, Chaim, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 27 W 96th St Apt 8A		FEC Identification Number C
City New York	State NY	Zip Code 10025-6613
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 350.00
Candidate Name		Transaction ID : VTQAW9RB3V6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Barr, Benson, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 3345 Buckingham Trl		FEC Identification Number C
City West Bloomfield	State MI	Zip Code 48323-2810
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 157.50
Candidate Name		Transaction ID : VTQAW9RBAV1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Barr, Michael, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 5620 Woodland Pass		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48301-1227
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 175.00
Candidate Name		Transaction ID : VTQAW9RBAX7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	682.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bloch, Peter, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 755 Crevelings Ln			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45226-1757	Amount of Each Disbursement this Period 175.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBB27		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Bolling, Christopher, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7933 Kirkland Dr			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45224-1248	Amount of Each Disbursement this Period 175.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBB76		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Brinkman, Kathleen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 400 Pike St Unit 809			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45202-4235	Amount of Each Disbursement this Period 945.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBB92		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1295.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Byer, Heather, Rae, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1617 E McMillan St Apt 201					
City Cincinnati	State OH	Zip Code 45206-2137	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 700.00		
Candidate Name			Transaction ID : VTQAW9RBBA0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Carter, BJ, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 11862 Whittington Ln					
City Cincinnati	State OH	Zip Code 45249-1560	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 350.00		
Candidate Name			Transaction ID : VTQAW9RBC29		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Carter, Jack, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 11862 Whittington Ln					
City Cincinnati	State OH	Zip Code 45249-1560	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 350.00		
Candidate Name			Transaction ID : VTQAW9RBC53		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cohen, Eric, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 235 W End Ave Apt 11F					
City New York	State NY	Zip Code 10023-3652	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 4590.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9RBCD6		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Cohen, Gary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 41 Oakview Ter					
City Jamaica Plain	State MA	Zip Code 02130-4917	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 175.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9RBC61		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Cooper, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2617 Grandin Rd					
City Cincinnati	State OH	Zip Code 45208-3433	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 1890.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9RBQG2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6655.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cowan, Shelley, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1201 Edgecliff Pl Apt 1152			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45206-2849	Amount of Each Disbursement this Period 175.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBQH0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Cowan, Wesley, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1201 Edgecliff Pl Apt 1152			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45206-2849	Amount of Each Disbursement this Period 175.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBQK5		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Danenberg, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2754 Beechwood Blvd			FEC Identification Number C		
City Pittsburgh	State PA	Zip Code 15217-2706	Amount of Each Disbursement this Period 175.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBQN1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Davidow, Harry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 900 Adams Xing Ste 11300			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45202-1696	Amount of Each Disbursement this Period 175.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBQS3		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Dirr, Elliott, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2635 SW 35th Pl			FEC Identification Number C		
City Gainesville	State FL	Zip Code 32608-3294	Amount of Each Disbursement this Period 362.60		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBQZ0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Dirr, Emily, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 8702 Tanagerwoods Dr			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45249-3526	Amount of Each Disbursement this Period 4590.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBR08		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5127.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ellis, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 9075 Whisperinghill Dr			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45242-4660			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9RBR32		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Ellis, Kari, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 9075 Whisperinghill Dr			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45242-4660			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9RBR66		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Ewers, Jerome, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1201 Edgecliff Pl			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45206-2847			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9RBR7		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8090.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Feinberg, Jean, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2324 Madison Rd Apt 1107					
City Cincinnati	State OH	Zip Code 45208-5505	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 700.00		
Candidate Name			Transaction ID : VTQAW9BRD1		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Feldman Barr, Terri, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2324 Madison Rd Apt 1402					
City Cincinnati	State OH	Zip Code 45208-2684	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 4590.00		
Candidate Name			Transaction ID : VTQAW9BRBP2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Feldman, Herbert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 6378 Grand Cypress Way					
City Mason	State OH	Zip Code 45040-2038	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 350.00		
Candidate Name			Transaction ID : VTQAW9BRBJ0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5640.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Foad, Baher, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 8775 Kugler Mill Rd			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45243-1427	Amount of Each Disbursement this Period 210.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBRM6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Foy, Shelley, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7475 Thumbelina Ln			FEC Identification Number C		
City Montgomery	State OH	Zip Code 45242-4934	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBRN4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Frias, Mayra, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 9104 Hopewell Rd			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45242-4612	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBRQ0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Friedlander, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 440 Whitman Ct			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45202-1871			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RBRR8</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Gibbs, Rebecca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2145 Luray Ave 5 N			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45206			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RBRY5</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Gilbert, Carolyn, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 400 Pike St Unit 814			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45202-4236			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RBS43</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7590.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gilbert, Elisabeth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 235 W End Ave Apt 11F					
City New York	State NY	Zip Code 10023-3652	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 4590.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9RBS50		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Gilbert, James, Russell, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 635 S Hobart Blvd Apt 209					
City Los Angeles	State CA	Zip Code 90005-5507	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 4590.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9RBS19		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Glicksman, Thea, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 868 Asa Gray Dr					
City Ann Arbor	State MI	Zip Code 48105-2565	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 252.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9RBS76		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9432.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gollobin, Glenn, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 3459 Observatory Ave			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45208-2552			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RBSA0</b>		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Goode, Kenneth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 9557 Ross Ave			FEC Identification Number <b>C</b>		
City Montgomery	State OH	Zip Code 45242-7121			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RBSF9</b>		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Gottliebson, Renee, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 11968 Barneswood Ct			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45249-1301			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9RBZV7</b>		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2940.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gourwitz, Howard, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 40950 Woodward Ave Ste 303			FEC Identification Number C		
City Bloomfield Hills	State MI	Zip Code 48304-5127	Amount of Each Disbursement this Period 826.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBZW3		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Greenberg, Gary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 425 Walnut St Ste 2300			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45202-3917	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBZX1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Heiman, Harry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 3 Old Virginia Chase			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30327-4261	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RBZZ7		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1526.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Heiman, Mark, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 6443 Lewis Rd		FEC Identification Number C
City Loveland	State OH	Zip Code 45140-8976
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1890.00
Candidate Name	Category/ Type	Transaction ID : VTQAW9RC005
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Heiman, Richie, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 6443 Lewis Rd		FEC Identification Number C
City Loveland	State OH	Zip Code 45140-8976
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1890.00
Candidate Name	Category/ Type	Transaction ID : VTQAW9RC012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Horning, Charles, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 8172 Mall Rd Ste 201		FEC Identification Number C
City Florence	State KY	Zip Code 41042-3413
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 350.00
Candidate Name	Category/ Type	Transaction ID : VTQAW9RC070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacobs, Elizabeth, B., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7194 Regiment Dr			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45244-3617	Amount of Each Disbursement this Period 4590.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RC0A4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Joiner, William, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7290 Greenfarms Dr			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45224-1602	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RC0R4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Jolson, Richard, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1201 Edgecliff Pl			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45206-2847	Amount of Each Disbursement this Period 4590.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RC0S2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9680.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph, Scott, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 8105 Kugler Mill Rd		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45243-1326
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 350.00
Candidate Name		Transaction ID : VTQAW9RC0W6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kagan, Richard, , , MD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 3160 Victoria Ave		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45208-1606
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 700.00
Candidate Name		Transaction ID : VTQAW9RC0X4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kamine, Alison, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 400 Pike St Unit 711		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45202-4234
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 350.00
Candidate Name		Transaction ID : VTQAW9RC0Y2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kanter, Fred, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 10693 Weil Rd			FEC Identification Number C		
City Montgomery	State OH	Zip Code 45249-3519	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RC0Z9		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Korn, Paul, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 3235 Hardisty Ave			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45208-3006	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9RC115		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Kuresman, Kenneth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7350 Willowbrook Ln			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45237-2224	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBRQ2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Levin, Peter, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7194 Regiment Dr			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45244-3617			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9SBS94</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Levin, Peter, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7194 Regiment Dr			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45244-3617			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9SBSA2</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Levitas, Paul, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 502 Tusculum Ave			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45226-1774			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>VTQAW9SBSC8</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4940.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lewis, Judith, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 335 Nunda Blvd					
City Rochester	State NY	Zip Code 14610-2962	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 700.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBSE4		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Luzadis, Rebecca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 50 Hidden Creek Dr					
City Oxford	State OH	Zip Code 45056-9747	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 350.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBSJ5		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Mayer, Mark, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 7975 Kenilworth Ln					
City Montgomery	State OH	Zip Code 45242-5123	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 350.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBSW4		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. McBride, Dylan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 3716 Eastern Hills Ln					
City Cincinnati	State OH	Zip Code 45209-2311	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 250.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBSX2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Minadeo, Michael, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 8250 Blome Rd					
City Cincinnati	State OH	Zip Code 45243-1314	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 1400.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBSY0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Myers, Jim, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1238 Creekwood Ct					
City Batavia	State OH	Zip Code 45103-9655	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 360.50		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBT63		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2010.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Myers, Kathy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1238 Creekwood Ct			FEC Identification Number <b>C</b>		
City Batavia	State OH	Zip Code 45103-9655			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9SBT97		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Neff, Andrew, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 9853 Caseys Xing			FEC Identification Number <b>C</b>		
City West Chester	State OH	Zip Code 45069-4331			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9SBTA5		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Nizny, Melvyn, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 3953 Rose Hill Ave			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45229-1413			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9SBTB3		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1319.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Painter, Mark, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 15 E 8th St		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45202-2001
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 175.00
Candidate Name		Transaction ID : VTQAW9SBVQ7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Qualls, Roxanne, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 400 Pike St Unit 509		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45202-4231
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 175.00
Candidate Name		Transaction ID : VTQAW9SBWH3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ramos, Beverly, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 502 Tusculum Ave		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45226-1774
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 350.00
Candidate Name		Transaction ID : VTQAW9SBWK9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Randman, Barry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 9 Hill And Hollow Ln			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45208-3317	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBX85		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Reines, Hera, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2444 Madison Rd Unit 1202			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45208-1276	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBXD4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Reynolds, Victoria, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2346 Bedford Ave			FEC Identification Number C		
City Cincinnati	State OH	Zip Code 45208-2601	Amount of Each Disbursement this Period 1400.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBXH6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 42	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ribak, Judy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018	
Mailing Address 8702 Tanagerwoods Dr			FEC Identification Number C	
City Cincinnati	State OH	Zip Code 45249-3526	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBXJ4	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ribak, Judy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018	
Mailing Address 8702 Tanagerwoods Dr			FEC Identification Number C	
City Cincinnati	State OH	Zip Code 45249-3526	Amount of Each Disbursement this Period 1890.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBXM9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Rosenberg, J David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018	
Mailing Address 1 E 4th St Ste 1400			FEC Identification Number C	
City Cincinnati	State OH	Zip Code 45202-3708	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBXV3	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rosenberg, J David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1 E 4th St Ste 1400					
City Cincinnati	State OH	Zip Code 45202-3708	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 1890.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBXX8		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Ross, Sandra, Lee, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 635 S Hobart Blvd Apt 313					
City Los Angeles	State CA	Zip Code 90005-5511	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBXZ4		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Ross, Sandra, Lee, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 635 S Hobart Blvd Apt 313					
City Los Angeles	State CA	Zip Code 90005-5511	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 1890.00		
Candidate Name		Category/ Type	Transaction ID : VTQAW9SBY02		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rouse, Morleen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 3905 Winding Way			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45229-1935			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9SBY52		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Sacks, Joel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 47 Fairway Oaks Dr			FEC Identification Number <b>C</b>		
City New Orleans	State LA	Zip Code 70131-3339			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9SBYB9		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Salinger, John, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 26156 N 88th Way			FEC Identification Number <b>C</b>		
City Scottsdale	State AZ	Zip Code 85255-3698			
Purpose of Disbursement Contribution Refund			Transaction ID : VTQAW9SBYE3		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Salinger, Joyce, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2444 Madison Rd Unit 902			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45208-1227	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>VTQAW9SBYN8</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Sands, Jacob, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 37 W Newton St Apt 6			FEC Identification Number <b>C</b>		
City Boston	State MA	Zip Code 02118-3839	Amount of Each Disbursement this Period 1400.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>VTQAW9SBYQ4</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Sands, Joshua, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 400 Pike St Unit 914			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45202-4237	Amount of Each Disbursement this Period 1890.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>VTQAW9SBYV5</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3640.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sands, Kathleen, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 400 Pike St Unit 914		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45202-4237
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1890.00
Candidate Name		Transaction ID : VTQAW9SBYX1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Schwartz, Abby, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 2123 Auburn Ave		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45219-2906
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 350.00
Candidate Name		Transaction ID : VTQAW9SBZ05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheaffer, David, A., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018
Mailing Address 6855 Liberty Cir		FEC Identification Number C
City West Chester	State OH	Zip Code 45069-6416
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : VTQAW9SBZ54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shor, Sylvia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2200 Victory Pkwy Apt 2106			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45206-2825	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBZ62		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Silverstein, Scott, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018		
Mailing Address 7849 Bicentennial Pl			FEC Identification Number <b>C</b>		
City Montgomery	State OH	Zip Code 45249-3438	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SC073		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Simon, Aline, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2581 Section Rd			FEC Identification Number <b>C</b>		
City Cincinnati	State OH	Zip Code 45237-3633	Amount of Each Disbursement this Period 280.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VTQAW9SBZA4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Solway, Elizabeth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 2233 Riverside Dr					
City Cincinnati	State OH	Zip Code 45202-1850	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 250.00		
Candidate Name		Transaction ID : VTQAW9SBZF3			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Strasser, Marcie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 3235 Hardisty Ave					
City Cincinnati	State OH	Zip Code 45208-3006	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 350.00		
Candidate Name		Transaction ID : VTQAW9SBZH9			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Weiss, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 11218 Terwilligers Run Dr					
City Cincinnati	State OH	Zip Code 45249-2746	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 350.00		
Candidate Name		Transaction ID : VTQAW9SBZQ7			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 42			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westheimer, Sallie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 400 Pike St Unit 808					
City Cincinnati	State OH	Zip Code 45202-4235	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 700.00		
Candidate Name		Transaction ID : VTQAW9SBZZ0			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Williams, Ann, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 1 Grandin Ter					
City Cincinnati	State OH	Zip Code 45208-3405	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1400.00		
Candidate Name		Transaction ID : VTQAW9SC024			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Wood, Frank, E., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2018		
Mailing Address 312 Walnut St Ste 3550					
City Cincinnati	State OH	Zip Code 45202-4024	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1400.00		
Candidate Name		Transaction ID : VTQAW9SC049			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	111798.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 42
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Fred Strahorn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018
Mailing Address 531 Belmonte Park N 1001		FEC Identification Number C
City Dayton	State OH	Zip Code 45405-4749
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	Transaction ID : VTQAW9SC166
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dettelbach for Ohio</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018
Mailing Address 35 E Gay St 403		FEC Identification Number C
City Columbus	State OH	Zip Code 43215-3138
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	Transaction ID : VTQAW9SC109
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dettelbach for Ohio</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018
Mailing Address 35 E Gay St 403		FEC Identification Number C
City Columbus	State OH	Zip Code 43215-3138
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 750.00
Candidate Name	Category/ Type	Transaction ID : VTQAW9SC124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 42	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. JILL SCHILLER FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018	
Mailing Address PO Box 9752			FEC Identification Number C C00666743	
City Cincinnati	State OH	Zip Code 45209-0752	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution		Category/ Type	Transaction ID : VTQAW9SC0B5	
Candidate Name <b>SCHILLER, JILL, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH	District: 02			

Full Name (Last, First, Middle Initial) <b>B. Ohio House Democratic Caucus</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018	
Mailing Address 77 S High St			FEC Identification Number C	
City Columbus	State OH	Zip Code 43215-6108	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Contribution		Category/ Type	Transaction ID : VTQAW9SC0V1	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Ohio House Democratic Caucus</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018	
Mailing Address 77 S High St			FEC Identification Number C	
City Columbus	State OH	Zip Code 43215-6108	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement Contribution		Category/ Type	Transaction ID : VTQAW9SC0W7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 42	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Robert Barr for Congress**

Full Name (Last, First, Middle Initial) <b>A. PLANNED PARENTHOOD ADVOCATES OF OHIO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018
Mailing Address 206 E State St		FEC Identification Number C C90013723
City Columbus	State OH	Zip Code 43215-4311
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 4000.00
Candidate Name <b>PLANNED PARENTHOOD ADVOCATES OF OHIO</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VTQAW9SC182
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. SHAUL PRAVER FOR THE PEOPLE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2018
Mailing Address 217 Greenbriar Rd		FEC Identification Number C C00677112
City Fairfield	State CT	Zip Code 06824-3412
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 250.00
Candidate Name <b>PRAVER, SHAUL MARSHALL RABB, , ,</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VTQAW9SC0N4
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Disbursement For:	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8500.00