

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 116

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

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)

Rick W. Allen for Congress

Full Name (Last, First, Middle Initial)

A. Servy, Cheryl, B, Mrs.,

Mailing Address 1207 Johns Rd

City

Augusta

State

GA

Zip Code

30904-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 24 2020

Transaction ID : AAA9A20F784C44FF481B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barfield, William, E, , Jr

Mailing Address 3011 Lake Forest Dr

City

Augusta

State

GA

Zip Code

30909-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 29 2020

Transaction ID : AD3899A67E5A94F9EB44

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Currier, Steven, James, Dr.,

Mailing Address 506 Stonebrook Drive

City

Augusta

State

GA

Zip Code

30907-8990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 24 2020

Transaction ID : A80E54589C1C44922BAC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00