

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |             |                        |                                                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|----------------------------------------------------|-------------------|
| 1. NAME OF COMMITTEE IN FULL<br>ANDY BARR FOR SENATE, INC.                                                                                                              |             |                        |                                                    |                   |
| ADDRESS (number and street) PO BOX 2059                                                                                                                                 |             |                        |                                                    |                   |
| CITY<br>LEXINGTON                                                                                                                                                       |             | STATE<br>KY            |                                                    | ZIP CODE<br>40588 |
| 2. NAME OF CANDIDATE<br>BARR, GARLAND ANDY, , ,                                                                                                                         |             |                        | 3. OFFICE SOUGHT (State and District)<br>Senate KY |                   |
| 4. FEC IDENTIFICATION NUMBER<br>C00467571                                                                                                                               |             |                        |                                                    |                   |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                        |                                                    |                   |
| A. FULL NAME<br>MCDONNELL, MILES, C, , JR.                                                                                                                              |             |                        | Name of Employer<br>INFORMATION REQUESTED          |                   |
| MAILING ADDRESS<br>PO BOX 230                                                                                                                                           |             |                        | Transaction ID : 6A7AA1D2FF39D402                  |                   |
| CITY<br>PARIS                                                                                                                                                           | STATE<br>KY | ZIP CODE<br>40362-0230 | Occupation<br>INFORMATION REQUESTED                |                   |
| B. FULL NAME<br>KNIGHT, SHAHIRA, , ,                                                                                                                                    |             |                        | Name of Employer<br>DELOITTE                       |                   |
| MAILING ADDRESS<br>1209 INDEPENDENCE AVE SE                                                                                                                             |             |                        | Transaction ID : 6C754C07F30994070.                |                   |
| CITY<br>WASHINGTON                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20003-1445 | Occupation<br>GOVT RELATIONS                       |                   |
| C. FULL NAME<br>JOHN, HOOFF, , ,                                                                                                                                        |             |                        | Name of Employer<br>NONE                           |                   |
| MAILING ADDRESS<br>2107 FORESTHILL RD                                                                                                                                   |             |                        | Transaction ID : 6F439F94DCE2445B1                 |                   |
| CITY<br>ALEXANDRIA                                                                                                                                                      | STATE<br>VA | ZIP CODE<br>22307-1129 | Occupation<br>RETIRED                              |                   |
| D. FULL NAME<br>RIVERS, J,, DANIEL, ,                                                                                                                                   |             |                        | Name of Employer<br>INFORMATION REQUESTED          |                   |
| MAILING ADDRESS<br>3601 RIVER RIDGE CV                                                                                                                                  |             |                        | Transaction ID : 6AF2B208E3E1A423                  |                   |
| CITY<br>PROSPECT                                                                                                                                                        | STATE<br>KY | ZIP CODE<br>40059-8038 | Occupation<br>MANAGER                              |                   |
| E. FULL NAME<br>EAST WEST BANCORP, INC PAC                                                                                                                              |             |                        | Name of Employer                                   |                   |
| MAILING ADDRESS<br>135 N LOS ROBLES AVE                                                                                                                                 |             |                        | Transaction ID : 69B85A0950FD04B0                  |                   |
| CITY<br>PASADENA                                                                                                                                                        | STATE<br>CA | ZIP CODE<br>91101-4525 | Occupation                                         |                   |
| SIGNATURE (optional)<br>KILGORE, PAUL, , ,                                                                                                                              |             |                        | DATE<br>05/01/2026                                 |                   |
| For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov                                                             |             |                        |                                                    |                   |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

**FEC FORM 6**  
(Revised 03/2016)