

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ANDY BARR FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ROGERS, WARREN, P., MR.,

A.

Mailing Address 2417 WILLIAMSBURG ESTATES LANE

City

LEXINGTON

State

KY

Zip Code

40504-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

W. ROGERS COMPANY

Occupation

PRESIDENT

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	8

Transaction ID : A577911B290734D9E9B9

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

SNAVELY, SHARI, , ,

B.

Mailing Address 1801 BROWNING TRACE

City

LEXINGTON

State

KY

Zip Code

40509-4571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	8

Transaction ID : A86138198ACCC412A8F4

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

WESTERFIELD, A., DAVID, DR., IV

C.

Mailing Address 4824 CHAFFEY LANE

City

LEXINGTON

State

KY

Zip Code

40515-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL KY RADIOLOGY

Occupation

PHYSICIAN

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	8

Transaction ID : A2F9F4983135146E381C

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

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

2000.00
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