10/20/2018 16 : 41

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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.

NAME OF COMMITTEE IN FULL Amy McGrath for		3				7	
ADDRESS (number and street)	P.O. Box 875						
CITY		STATE		ZIP COL	DE	_	
Georgetown KY		KY	40324				
2. NAME OF CANDIDATE	1 1 3 1 1		3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION NUMBER	
McGrath, Amy, , ,		House	House KY 06			C00646745	
5. ISTHIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AMEN	IDS THE	NOTICE FILED ON	//	
A. FULL NAME Adelson, Robert, , ,			Name of Employer Osage Partners			Date (month, day, year)	Amount
MAILING ADDRESS 402 Academy Cir			Transaction ID : VTR0EGN4E08			10/18/2018	1000.00
CITY	STATE	ZIP CODE	Occupation Occupation		_		
Merion Station	PA	19066-1205	Investor				
	174	19000-1203				Date (month,	Amount
B. FULL NAME Garmer, William, , ,				Name of Employer Garmer & Prather, PLLC			runount
MAILING ADDRESS						10/18/2018	1000.00
1513 Lakewood Dr			Transaction I	ID : VT	R0EGMAJE0		
CITY	STATE	ZIP CODE	Occupation				
Lexington	KY	40502-2533	Attorney				
C. FULL NAME			Name of Emplo	over		Date (month,	Amount
Harriman, Susan, , ,				Keker Van Nest & Peters LLP			
MAILING ADDRESS						10/18/2018	1000.00
112 Filbert Ave			Transaction	ID : VT	R0EGN4E24		
CITY	STATE	ZIP CODE	Occupation	Occupation			
Sausalito	CA	94965-1893	lawyer	lawyer			
D. FULL NAME		l	Name of Emplo	oyer		Date (month,	Amount
Locklear, Lonzell, , ,			U.S. State Department			day, year)	
MAILING ADDRESS 278 Flora street				-		10/18/2018	1000.00
276 Fiora Sireet				Transaction ID : VTR0EGN4DZ0			
CITY	STATE	ZIP CODE	Occupation				
Ottawa, Canada Kir 553			Policy adviso	or			
E. FULL NAME	I	<u> </u>				Date (month,	Amount
Robie, Marilyn, B., , Ph.D.		Name of Employer Self-Employed			day, year)		
MAILING ADDRESS 3205 Hobcaw Ln						10/18/2018	1000.00
			Transaction ID : VTR0EGM8ZN8				
CITY	STATE	ZIP CODE	Occupation	Occupation			
Lexington	KY	40502-3523	Clinical Psychologist				
SIGNATURE (optional) Henderson, Erik, , ,		·	[Electronically I	Filed]	DATE 10/20/2018	Federal Ele 999 E Street, NW	nformation contact: ection Commission I, Washington, DC 20463 9530, Local 202-694-1100

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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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1. NAME OF COMMITTEE IN FULL		7	
Amy McGrath for Congress		_	
ADDRESS (number and street) P.O. Box 875			
CITY, STATE, and ZIP CODE			
Georgetown	KY 40324	continuation	n page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	NUMBER
McGrath, Amy, , ,	House KY 06	C00646745	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Welch, Marianne, , ,	Not Employed	day, year)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10/18/2018	1000.00
11811 Covered Bridge Rd			
	Transaction ID : VTR0EGN4E16		
Prospect KY 40059-954	Occupation		
	Not Employed	Date (month,	Amount
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	Amount
Wellde, Patricia, , ,	none		
850 Park Ave		10/18/2018	1000.00
OSO I dik Ave	Transaction ID : VTR0EGN4DY2		
	Occupation		
New York NY 10075-184			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
D. FOLE NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	7 11110 2111
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
		day, year)	
	0 "		
	Occupation		
		1	