

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 Ann Wagner for Congress			
ADDRESS (number and street) PO Box 50			
CITY, STATE, and ZIP CODE Ballwin MO 63022			
2. NAME OF CANDIDATE Ann L. Wagner		3. OFFICE SOUGHT (State and District) House MO 02	
		4. FEC IDENTIFICATION NUMBER C00495846	
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, MAILING ADDRESS AND ZIP CODE THE NASDAQ OMX GROUP INC PAC 1100 NEW YORK AVENUE NW SUITE 310 WASHINGTON DC 20005-6145			
Name of Employer		Date (month, day, year)	Amount
		07/15/2016	1000.00
Transaction ID : TX6794			
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE DENTONS US LLP 233 S WACKER DR. SUITE 7800 CHICAGO IL 60606-6459			
Name of Employer		Date (month, day, year)	Amount
		07/15/2016	1000.00
Transaction ID : TX6795			
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE CHARTER COMMUNICATIONS, INC. PAC 1919 PENNSYLVANIA AVE NW STE 750 WASHINGTON DC 20006-3404			
Name of Employer		Date (month, day, year)	Amount
		07/15/2016	5000.00
Transaction ID : TX6796			
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE BROWNSTEIN HYATT FARBER SCHRECK PAC 410 SEVENTHEENTH STREET SUITE 2200 DENVER CO 80202-4432			
Name of Employer		Date (month, day, year)	Amount
		07/15/2016	1500.00
Transaction ID : TX6797			
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE COX ENTERPRISES PAC (COXPAC) INC 975 F ST NW SUITE 300 WASHINGTON DC 20004-			
Name of Employer		Date (month, day, year)	Amount
		07/15/2016	1500.00
Transaction ID : TX6798			
Occupation			
SIGNATURE (optional) Richard Magee		DATE 07/15/2016	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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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 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE CITIZENS FINANCIAL (RBS) 1 CITIZENS PLAZA PROVIDENCE RI 02903-1344	Name of Employer Transaction ID : TX6800 Occupation	Date (month, day, year) 07/15/2016	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN EXPRESS POLITICAL ACTION COMMITTEE 801 PENNSYLVANIA AVE., NW SUITE 650 WASHINGTON DC 20004-2673	Name of Employer Transaction ID : TX6801 Occupation	Date (month, day, year) 07/15/2016	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE EXPERIAN NORTH AMERICA, INC. POLITICAL ACTION COMMITTEE (EXP) 475 ANTON BLVD. COSTA MESA CA 92626-7037	Name of Employer Transaction ID : TX6802 Occupation	Date (month, day, year) 07/15/2016	Amount 2000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL 25 MASSACHUSETTS AVENUE, NW UNIT 100 WASHINGTON DC 20001-	Name of Employer Transaction ID : TX6803 Occupation	Date (month, day, year) 07/15/2016	Amount 2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE DANA E DOMIAN 1146 LOCKETT RD DES PERES MO 63131-	Name of Employer EDWARD JONES Transaction ID : TX6805 Occupation GENERAL PARTNER	Date (month, day, year) 07/15/2016	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE JEFFREY M. MACKINNON 3753 OLIVER ST NW WASHINGTON DC 20015-	Name of Employer FARRAGUT PARTNERS Transaction ID : TX6799 Occupation PRINCIPAL	Date (month, day, year) 07/15/2016	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount