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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rodney for Congress PO Box 344 ADDRESS (number and street) (Check if address is changed) Taylorville 62568-0344 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://electrodney.com/ (Check if address is changed) DATE 2015 C00521948 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Chris Marston Type or Print Name of Treasurer Chris Marston [Electronically Filed] 80 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candi		Rodney L Davis	
Candi Party	date Affiliati	on REP Office Sought: X House Senate President	State IL District 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
Rodney for Co	ongress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Patriot Day II 2015		
Mailing Address	PO Box 9891	
	Arlington VA 2:	2219-1891 ZIP CODE
	Affiliated Committee X Joint Fundraising Representative dentify by name, address (phone number optional) and position of the person	Leadership PAC Sponsor
books and records.		
Chris M	Marston	
Mailing Address	PO Box 344	
J		
	Taylorville IL 6	2568-0344
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 703	_ 627 _ 4679
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and j., assistant treasurer).	the name and address of
Full Name Chris M of Treasurer	larston	
Mailing Address	PO Box 344	
		2568-0344
Title or Position Treasurer	CITY STATE 703 Telephone number	ZIP CODE - 627 - 4679

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes		
safety deposit boxes Name of Bank, Depo	s or maintains funds.	
safety deposit boxes Name of Bank, Depo	chain Bridge Bank 1445-A Laughlin Ave	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. Ository, etc. Chain Bridge Bank 1445-A Laughlin Ave McLean VA 2210 CITY STATE	01
Name of Bank, Depo	Sor maintains funds. Ository, etc. Chain Bridge Bank 1445-A Laughlin Ave McLean VA 2210 CITY STATE	D1

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This amendment responds to a Request for Additional Information dated 8/17/2015. The Joint Fundraising Committee from which a Line 12 transfer was made is now properly listed on the Committee's Form 1.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı U.Ş. Bank 108 W. Market St. Mailing Address 62568 Taylorville CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number