

# 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.

<b>1. NAME OF COMMITTEE IN FULL</b> Jacob Turk for Congress 2014																																		
ADDRESS (number and street) 417 SE Annette Street																																		
CITY Lees Summit		STATE MO		ZIP CODE 64063																														
<b>2. NAME OF CANDIDATE</b> Turk, Jacob, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House MO 05		<b>4. FEC IDENTIFICATION NUMBER</b> C00563668																														
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b>            Hodgdon, Bob, , ,            MAILING ADDRESS            21405 W 73rd Terr            CITY STATE ZIP CODE            Shawnee KS 66218         </td> <td>           Name of Employer owner   <b>Transaction ID : F6.4786</b>            Occupation Hodgdon Powder         </td> <td>           Date (month, day, year) 10/26/2016         </td> <td>           Amount 2700.00         </td> </tr> <tr> <td colspan="3"> <b>B. FULL NAME</b>            Rapley, Jay, , ,            MAILING ADDRESS            404 SE Snaffle Bit Drive            CITY STATE ZIP CODE            Lee's Summit MO 64082         </td> <td>           Name of Employer Self   <b>Transaction ID : F6.4784</b>            Occupation Physician         </td> <td>           Date (month, day, year) 10/25/2016         </td> <td>           Amount 2000.00         </td> </tr> <tr> <td colspan="3"> <b>C. FULL NAME</b>              MAILING ADDRESS              CITY STATE ZIP CODE         </td> <td>           Name of Employer             Occupation         </td> <td>           Date (month, day, year)         </td> <td>           Amount         </td> </tr> <tr> <td colspan="3"> <b>D. FULL NAME</b>              MAILING ADDRESS              CITY STATE ZIP CODE         </td> <td>           Name of Employer             Occupation         </td> <td>           Date (month, day, year)         </td> <td>           Amount         </td> </tr> <tr> <td colspan="3"> <b>E. FULL NAME</b>              MAILING ADDRESS              CITY STATE ZIP CODE         </td> <td>           Name of Employer             Occupation         </td> <td>           Date (month, day, year)         </td> <td>           Amount         </td> </tr> </table>					<b>A. FULL NAME</b> Hodgdon, Bob, , , MAILING ADDRESS 21405 W 73rd Terr CITY STATE ZIP CODE Shawnee KS 66218			Name of Employer owner  <b>Transaction ID : F6.4786</b> Occupation Hodgdon Powder	Date (month, day, year) 10/26/2016	Amount 2700.00	<b>B. FULL NAME</b> Rapley, Jay, , , MAILING ADDRESS 404 SE Snaffle Bit Drive CITY STATE ZIP CODE Lee's Summit MO 64082			Name of Employer Self  <b>Transaction ID : F6.4784</b> Occupation Physician	Date (month, day, year) 10/25/2016	Amount 2000.00	<b>C. FULL NAME</b>  MAILING ADDRESS  CITY STATE ZIP CODE			Name of Employer  Occupation	Date (month, day, year)	Amount	<b>D. FULL NAME</b>  MAILING ADDRESS  CITY STATE ZIP CODE			Name of Employer  Occupation	Date (month, day, year)	Amount	<b>E. FULL NAME</b>  MAILING ADDRESS  CITY STATE ZIP CODE			Name of Employer  Occupation	Date (month, day, year)	Amount
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<b>SIGNATURE (optional)</b> Turk, Donna, , , <div style="text-align: right;">[Electronically Filed]</div>				<b>DATE</b> 10/27/2016	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																													

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