

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Rodney for Congress

ADDRESS (number and street)

PO Box 344

Check if different than previously reported. (ACC)

Taylorville

IL

62568-0344

2. FEC IDENTIFICATION NUMBER ▼

C C00521948

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IL

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Maxwell

Signature of Treasurer Mary Maxwell

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Rodney for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3575	4675
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3575	4675
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37837.99	144254.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	936.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37837.99	143318.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	126337.4	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Rodney for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2375	3375
(ii) Unitemized.....	200	300
(iii) TOTAL of contributions from individuals ▶	2575	3675
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	1000	1000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3575	4675
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	936.25
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	3575	5611.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37837.99	144254.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37837.99	144254.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	160600.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3575
25. SUBTOTAL (add Line 23 and Line 24).....	164175.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37837.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	126337.4

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Craig Burkhardt**

Mailing Address 4000 Cathedral Avenue NW  
Apt. 217B

City Washington State DC Zip Code 20016-5265

FEC ID number of contributing federal political committee. **C**

Name of Employer: Barnes and Thornburg Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 29 / 2014

**Transaction ID : A-CF10452**

Amount of Each Receipt this Period  
 Contribution **1000**

**B.** Full Name (Last, First, Middle Initial)  
**James Kearns**

Mailing Address 430 Foote Avenue

City Saint Louis State MO Zip Code 63119-1503

FEC ID number of contributing federal political committee. **C**

Name of Employer: Bryan Cave Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 12 / 2014

**Transaction ID : A-CF10451**

Amount of Each Receipt this Period  
 Contribution **375**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Schmidt**

Mailing Address 2920 Bono Road

City Staunton State IL Zip Code 62088-4217

FEC ID number of contributing federal political committee. **C**

Name of Employer: TDS Transport Occupation: Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2014

**Transaction ID : A-CF10453**

Amount of Each Receipt this Period  
 Contribution **1000**

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

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

**2375.00**

**2375.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cit Group Inc Pac (cit Pac)**

Mailing Address 1 Cit Drive  
# 2223-1

City Livingston State NJ Zip Code 07039-5703

FEC ID number of contributing federal political committee. **C** C00379420

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2014

**Transaction ID : A-CF10457**

Amount of Each Receipt this Period  
 Contribution 1000

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 31575 <b>Transaction ID : B-E-10416</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement FEC Reporting Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bear Properties LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 140		Amount of Each Disbursement this Period 2300 <b>Transaction ID : B-E-10408</b>
City Champaign State IL Zip Code 61824-0140	Purpose of Disbursement Campaign Office Rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BKZ Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 3040 N Sheffield Avenue Apt. 2		Amount of Each Disbursement this Period 310.5 <b>Transaction ID : B-E-10401</b>
City Chicago State IL Zip Code 60657-5854	Purpose of Disbursement Fundraising: Fundraising Expenses 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3185.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 3875 Airways Module H3		Amount of Each Disbursement this Period 42
City Memphis	State TN Zip Code 38116	
Purpose of Disbursement Delivery Charges	Category/Type 003	<b>Transaction ID : B-S-286</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of BKZ Inc(11/25/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 2000 W War Memorial Drive		Amount of Each Disbursement this Period 268.5
City Peoria	State IL Zip Code 61614-6741	
Purpose of Disbursement Meeting Room Charges for Fundr	Category/Type 003	<b>Transaction ID : B-S-287</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of BKZ Inc(11/25/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BKZ Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 3040 N Sheffield Avenue Apt. 2		Amount of Each Disbursement this Period 3500
City Chicago	State IL Zip Code 60657-5854	
Purpose of Disbursement Retainer for Fundraising Services	Category/Type 003	<b>Transaction ID : B-E-10402</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 190.8 <b>Transaction ID : B-E-10415</b>
City Washington State DC Zip Code 20004-2601	Purpose of Disbursement Food and Drink Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 378.63 <b>Transaction ID : B-E-10441</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food and Drink Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 215.1 <b>Transaction ID : B-E-10442</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food and Drink Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	784.53
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 524.42 <b>Transaction ID : B-E-10429</b>
City Washington State DC Zip Code 20003-1909	Purpose of Disbursement Travel: Hotel Room Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 593.12 <b>Transaction ID : B-E-10436</b>
City Washington State DC Zip Code 20003-1909	Purpose of Disbursement Travel: Hotel Room Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 3875 Airways Module H3		Amount of Each Disbursement this Period 102.26 <b>Transaction ID : B-E-10440</b>
City Memphis State TN Zip Code 38116	Purpose of Disbursement Delivery Charges Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1219.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

**A. Federal Express**

Full Name (Last, First, Middle Initial)  
Mailing Address 3875 Airways  
Module H3

City Memphis State TN Zip Code 38116

Purpose of Disbursement Delivery Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 12 / 22 / 2014

Amount of Each Disbursement this Period: 20.76

Transaction ID : B-E-10448

Category/Type: 001

**B. Fishtail**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 E 62nd Street

City New York State NY Zip Code 10065-7301

Purpose of Disbursement Food and Drink

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 12 / 08 / 2014

Amount of Each Disbursement this Period: 288.34

Transaction ID : B-E-10428

Category/Type: 001

**c. FP1 Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 16504

City Alexandria State VA Zip Code 22302-0154

Purpose of Disbursement Advertising: Ad Production

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 900

Transaction ID : B-E-10447

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 1209.10

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. FTD.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 3113 Woodcreek Drive		Amount of Each Disbursement this Period 74.5 <b>Transaction ID : B-E-10445</b>
City Downers Grove State IL Zip Code 60515-5412	Purpose of Disbursement Floral Delivery Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 499 S Capitol Street SW Suite 420		Amount of Each Disbursement this Period 10606.71 <b>Transaction ID : B-E-10420</b>
City Washington State DC Zip Code 20003-4027	Purpose of Disbursement Fundraising Commission and Expenses Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 55 <b>Transaction ID : B-S-285</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Fax and Email Service Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	<b>[MEMO ITEM]</b> Subitemization of Gula Graham Group(12/08/14)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10681.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Good Stuff Eatery</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 303 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 277.5
City Washington State DC Zip Code 20003-1148	Purpose of Disbursement Catering for Fundraiser 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	Transaction ID : B-S-284  [MEMO ITEM] Subitemization of Gula Graham Group(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hickory River Smokehouse</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 1706 N Cunningham Avenue		Amount of Each Disbursement this Period 804.77
City Urbana State IL Zip Code 61802-1205	Purpose of Disbursement Catering for Christmas Party 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-10449
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Illinois Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 101 W Jefferson Street		Amount of Each Disbursement this Period 462.5
City Springfield State IL Zip Code 62702-5145	Purpose of Disbursement Payroll Taxes 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-10431
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1267.27
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lola's Barracks</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014	
Mailing Address 711 8th Street SE			Amount of Each Disbursement this Period 867.97	
City Washington	State DC	Zip Code 20003-2802	Transaction ID : B-E-10437	
Purpose of Disbursement Food and Drink		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Modern Mailing</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014	
Mailing Address 150 Forrest Avenue			Amount of Each Disbursement this Period 683.99	
City Springfield	State IL	Zip Code 62702-5802	Transaction ID : B-E-10412	
Purpose of Disbursement Postage and Printing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Modern Mailing</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014	
Mailing Address 150 Forrest Avenue			Amount of Each Disbursement this Period 1252.34	
City Springfield	State IL	Zip Code 62702-5802	Transaction ID : B-E-10434	
Purpose of Disbursement Printing and Postage		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2804.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Pana News Palladium</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 205 S Locust Street		Amount of Each Disbursement this Period 266.4 <b>Transaction ID : B-E-10413</b>
City Pana	State IL	
Zip Code 62557-1605	Purpose of Disbursement Advertising: Newspaper Ad	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sparks Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 210 E 46th Street		Amount of Each Disbursement this Period 389.06 <b>Transaction ID : B-E-10430</b>
City New York	State NY	
Zip Code 10017-2903	Purpose of Disbursement Food and Drink	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 1700 Diagonal Road Suite 730		Amount of Each Disbursement this Period 738 <b>Transaction ID : B-E-10446</b>
City Alexandria	State VA	
Zip Code 22314-2843	Purpose of Disbursement Fee for Congressional Retreat	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1393.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 108 W Market Street		Amount of Each Disbursement this Period 2.6 <b>Transaction ID : B-E-10410</b>
City Taylorville State IL Zip Code 62568-2222	Purpose of Disbursement Administrative/Salary/Overhead: Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 108 W Market Street		Amount of Each Disbursement this Period 41.27 <b>Transaction ID : B-E-10439</b>
City Taylorville State IL Zip Code 62568-2222	Purpose of Disbursement Administrative/Salary/Overhead: Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 30 <b>Transaction ID : B-E-10414</b>
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.87
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 61 <b>Transaction ID : B-E-10418</b>
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 34.15 <b>Transaction ID : B-E-10422</b>
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 112 <b>Transaction ID : B-E-10423</b>
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	207.15
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 89 <b>Transaction ID : B-E-10425</b>
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-10433</b>
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 56 <b>Transaction ID : B-E-10435</b>
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	195.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period ..... 10.51
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel: Cab Fare	
Candidate Name	Category/Type 002	<b>Transaction ID : B-E-10438</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address Internal Revenue Service Center		Amount of Each Disbursement this Period ..... 2603.81
City Cincinnati State OH Zip Code 45999-0001	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-10432</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ashley Breen</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 2206 Altoona Road		Amount of Each Disbursement this Period ..... 904.37
City Bloomington State IL Zip Code 61705-5208	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-10407</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 3518.69
<b>TOTAL</b> This Period (last page this line number only).....	.....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matt Butcher</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 612 E 2710 North Road		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-10405</b>
City Mechanicsburg State IL Zip Code 62545-8046	Purpose of Disbursement Retainer for Campaign Fieldwork Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kayleen Carlson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 3736 N Fremont Street Apt. 3		Amount of Each Disbursement this Period 4833.33 <b>Transaction ID : B-E-10403</b>
City Chicago State IL Zip Code 60613-5532	Purpose of Disbursement Retainer for Campaign Fieldwork Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Kayleen Carlson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 3736 N Fremont Street Apt. 3		Amount of Each Disbursement this Period 566.8 <b>Transaction ID : B-E-10421</b>
City Chicago State IL Zip Code 60613-5532	Purpose of Disbursement Campaign Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5900.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Signature Event Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 300 North Street		Amount of Each Disbursement this Period 216.8
City Springfield	State IL Zip Code 62704-5855	
Purpose of Disbursement Equipment Rental for Election	001	<b>Transaction ID : B-S-280</b>  <b>[MEMO ITEM]</b> Subitemization of Kayleen Carlson(12/08/14)
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Audio Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 3613 N Grand Avenue E		Amount of Each Disbursement this Period 350
City Springfield	State IL Zip Code 62702-4519	
Purpose of Disbursement Rental for Election Night Equi	001	<b>Transaction ID : B-S-281</b>  <b>[MEMO ITEM]</b> Subitemization of Kayleen Carlson(12/08/14)
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 111 Convenience Center Road		Amount of Each Disbursement this Period 51.21
City Champaign	State IL Zip Code 61820-7812	
Purpose of Disbursement Office Supplies	001	<b>Transaction ID : B-S-282</b>  <b>[MEMO ITEM]</b> Subitemization of Kayleen Carlson(12/08/14)
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rodney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Luke Sailer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1380 County Road 850 N		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-10406</b>
City Carmi State IL Zip Code 62821-5901	Purpose of Disbursement Retainer for Campaign Fieldwork Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Matts Wilcoxon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 529 Saint Louis Street Floor 2		Amount of Each Disbursement this Period 361.75 <b>Transaction ID : B-E-10404</b>
City Edwardsville State IL Zip Code 62025-1501	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	861.75
<b>TOTAL</b> This Period (last page this line number only).....	36801.76