10/21/2018 07 : 47

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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.

| 1. NAME OF COMMITTEE IN FOR | | S | | | | | | |
|--|-------------------------------|------------------------|---|----------------------------|----------|--|--------------------|--|
| ADDRESS (number and stree | et) PO BOX 344 | | | | | | | |
| CITY STATE | | | ZIP | CODE | | | | |
| TAYLORVILLE IL | | | 62568-0344 | | | | | |
| 2. NAME OF CANDIDATE DAVIS, RODNEY, L, , | | | 3. OFFICE SOUGHT (State and District) House IL 13 | | | 4. FEC IDENTIFICATION NUMBER C00521948 | | |
| 5. IS THIS AN AMENDMENT? | NO, THIS IS A I | NEW EILING | YES, IT AMENDS T | | | 000021010 | | |
| 3. ISTIIIS AN AMENDMENT: | NO, THIS IS A | L | TES, II AMENDS I | TIL NOTICE TILL | _D ON _ | // | | |
| A. FULL NAME PRICE, MARK, , | Name of Employer RETIRED | | | Date (month, day, year) | Amount | | | |
| MAILING ADDRESS 202 SOUTH CLEVELAN | T | | | 10/20/2018 | 1000.00 | | | |
| CITY STATE ZIP CODE | | | Transaction ID: 61CE20437904C4D87 | | | | | |
| | | | Occupation | | | | | |
| FARMERSVILLE | IL | 62533 | RETIRED | | | | | |
| B. FULL NAME DAVIS, DONNA | Name of Employer MCDONALDS | | | Date (month, day, year) | Amount | | | |
| MAILING ADDRESS | | | | | | | 1000.00 | |
| 401 W SPRESSER ST | | | Transaction ID : | 6762CE27B0 | C144C7E | | | |
| CITY STATE ZIP CODE | | | Transaction ID: 6762CF27B9C144C7F Occupation | | | | | |
| TAYLORVILLE | IL | 62568-1853 | RESTAURANT OWNER | | | | | |
| C. FULL NAME | | 02000 1000 | Name of Employer | | | Date (month, | Amount | |
| BLACK, JEFFRE | ΞΥ, , , | | BLACK & COMP | ANY | | day, year) | Amount | |
| MAILING ADDRESS | | | | | | 10/20/2018 | 1000.00 | |
| 4829 RUSTIC LANE | | | Transaction ID : | 632D48BE39 | 9FF44C65 | | | |
| CITY | STATE | ZIP CODE | Occupation | | | | | |
| DECATUR | IL | 62521 | MANAGER | | | | | |
| D. FULL NAME MAKING INVESTMENTS N | Name of Employer | | | Date (month, day, year) | Amount | | | |
| MAIL INC ADDDESS | | | | | | 10/20/2018 | 5000.00 | |
| MAILING ADDRESS 9070 IRVINE CENTER DR | | | | | | 10/20/2016 | 5000.00 | |
| STE 150 | | | Transaction ID : | 6EA1843BD | 69E14615 | | | |
| CITY IRVINE | CA CA | ZIP CODE 92618-4691 | Occupation | | | | | |
| E. FULL NAME | | <u> </u> | Name of Employer | | | Date (month, | Amount | |
| IRONWORKERS I | POLITICAL AC | TION LEAGUE | Name of Employer | | | day, year) | | |
| MAILING ADDRESS 1750 NEW YORK AVENUE NW | | | Transaction ID : 694A44F2C9BAF43A | | | 10/20/2018 | 5000.00 | |
| CITY | STATE | ZIP CODE | Occupation Occupation | | | | | |
| WASHINGTON | DC | 20006 | | | | | | |
| SIGNATURE (optional) | l | l | | DATE | | For further in | formation contact: | |
| DATWYLER, THOMAS, , , | | | [Electronically Filed] | | | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 | | |
| | | | | | | | | |

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.



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 RODNEY FOR CONGRESS | | | | | | | | |
|--|---------------|-----------|--------------------------------------|--------------------|------------|-------------------------|------------------------------|--|
| ADDRESS (number and street) PO BOX 344 | | | | | | | | |
| CITY, STATE, and ZIP CODE | | | | | | | | |
| TAYLORVILLE | IL 62568-0344 | | | continuation page | | | | |
| 2. NAME OF CANDIDATE | | | 12 02000 0011 | | | | I. FEC IDENTIFICATION NUMBER | |
| DAVIS, RODNEY, L, , | | | House | IL | 13 | C00521948 | | |
| 5. ISTHIS AN AMENDMENT? X NO, THIS IS | A NEW FILING | | YES, IT AMEN | DS THE NOTICE FILE | ED ON | / | / | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Emplo | oyer | | Date (month, | Amount | |
| DBM PAC | | | | | | day, year) | | |
| 824 S MILLEDGE AVE | | | | | | 10/20/2018 | 1000.00 | |
| SUITE 101 | | | Transaction I | D : 6138F21C87 | 1944829 | BOD | | |
| ATHENS | GA 30 | 0605 | Occupation | | | | | |
| | GA 30 | 7003 | | | | D-4- (| A | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Emplo | oyer | | Date (month, day, year) | Amount | |
| STATE FARM FEDERAL PA | AC | | | | | 40/00/0040 | 4000.00 | |
| 1 STATE FARM PLZ | | | | | | 10/20/2018 | 1000.00 | |
| | | | Transaction ID: 629F4120074084CE5A12 | | | | | |
| BLOOMINGTON | IL 61 | 1710-0001 | Occupation | | | | | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Emplo | oyer | | Date (month, | Amount | |
| AMERICAN PODIATRIC MEDICAL AS | NC | | | | day, year) | | | |
| POLITICAL ACTION COMMITTEE | | | | | | 10/20/2018 | 1000.00 | |
| 9312 OLD GEORGETOWN ROAD | | | | | | | | |
| | | | | D: 6DCD28FA9 | F81D4CE | A9AI | | |
| BETHESDA | MD 20 | 0814-1621 | Occupation | | | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Emplo | oyer | | Date (month, | Amount | |
| VALENT USA LLC PAC | | | | | | day, year) | | |
| | | | | | | 10/20/2018 | 1500.00 | |
| 300 INDEPENDENCE AVE SE | | | | | | | | |
| | | | Occupation | D: 6FCA7FD4E | 88AB4BI | 30B27 | | |
| WASHINGTON | DC 20 | 0003-1021 | Occupation | | | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Emplo | pyer | | Date (month, day, year) | Amount | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Occupation | | | | | |
| | | | | | | | | |