11/02/2016 20 : 28

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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.

| NAME OF COMMITTEE IN FULL     Ratcliffe for Congress |                  |              |                        |                                       |         |            |  |                              |         |  |
|--|------------------|--------------|------------------------|---------------------------------------|---------|------------|--|------------------------------|---------|--|
| ADDRESS (number and stre                             | •                |              |                        |                                       |         |            |  |                              |         |  |
|  | Ste 101 PMB #217 | ,            |                        |                                       |         |            |  |                              |         |  |
| CITY   |                  | ZIP COI      | DE                     |                                       |         |            |  |                              |         |  |
| Rockwall TX  |                  |              |                        | 75032-6684                            |         |            |  |                              |         |  |
| 2. NAME OF CANDIDATE                                 |                  |              |                        | 3. OFFICE SOUGHT (State and District) |         |            | rict)  | 4. FEC IDENTIFICATION NUMBER |         |  |
| Ratcliffe, John, L, ,                                |                  |              |                        | House TX 04                           |         |            | 04   | C00554113                    |         |  |
| 5. IS THIS AN AMENDMENT?                             | NO, THIS IS A    | NEW FILING   |                        | YES, IT AME                           | NDS THE | NOTICE FIL | _ED ON   | /                            | 1       |  |
| A. FULL NAME   |                  |              |                        | Name of Employer                      |         |            |  | Date (month,                 | Amount  |  |
| American Bankers Association PAC                     |                  |              |                        |                                       |         |            |  | day, year)                   |         |  |
| MAILING ADDRESS 1120 Connecticut Ave NW              |                  |              |                        | Transaction ID : 6A2184E61DB5B4BE     |         |            |  | 11/01/2016                   | 2500.00 |  |
| CITY STATE ZIP CODE                                  |                  |              | ODE                    | Occupation                            |         |            |  |                              |         |  |
|  |                  |              |                        | Codpain                               |         |            |  |                              |         |  |
| Washington   | DC 20036-3902    |              |                        |                                       |         |            |  | 5. /                         |         |  |
| B. FULL NAME   |                  |              |                        | Name of Employer                      |         |            |  | Date (month, day, year)      | Amount  |  |
|  |                  |              |                        |                                       |         |            |  |                              |         |  |
| MAILING ADDRESS                                      |                  |              |                        |                                       |         |            |  |                              |         |  |
|  |                  |              |                        |                                       |         |            |  |                              |         |  |
| CITY STATE ZIP CODE                                  |                  |              | Occupation             |                                       |         |            |  |                              |         |  |
|  |                  |              |                        |                                       |         |            |  |                              |         |  |
| C. FULL NAME   |                  |              |                        | Name of Employer                      |         |            |  | Date (month,<br>day, year)   | Amount  |  |
| MAILING ADDRESS                                      |                  |              |                        |                                       |         |            |  |                              |         |  |
| CITY   | STATE            | ZIP C        | ODE                    | Occupation                            |         |            |  |                              |         |  |
| STATE ZII GODE                                       |                  |              | 002                    | Cocapation                            |         |            |  |                              |         |  |
|  |                  |              |                        |                                       |         |            |  |                              |         |  |
| D. FULL NAME   |                  |              |                        | Name of Employer                      |         |            |  | Date (month,<br>day, year)   | Amount  |  |
| MAILING ADDRESS                                      |                  |              |                        |                                       |         |            |  |                              |         |  |
| CITY   | STATE            | STATE ZIP CO |                        | Occupation                            |         |            |  |                              |         |  |
| Citt   | SIAIL            |              |                        |                                       |         |            |  |                              |         |  |
|  |                  |              |                        |                                       |         |            |  |                              |         |  |
| E. FULL NAME   |                  |              |                        | Name of Employer                      |         |            |  | Date (month, day, year)      | Amount  |  |
|  |                  |              |                        |                                       |         |            |  | ,                            |         |  |
| MAILING ADDRESS                                      |                  |              |                        | Occupation                            |         |            |  |                              |         |  |
|  |                  |              |                        |                                       |         |            |  |                              |         |  |
| CITY STATE ZIP CODE                                  |                  |              |                        |                                       |         |            |  |                              |         |  |
| SIGNATURE (optional)                                 |                  |              |                        |                                       |         | DATE       |  | <b>F.</b> 4                  | tuda    |  |
| Roe, Betsy, , ,                                      |                  |              | [Electronically Filed] |                                       |         | 016        | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |                              |         |  |
|  |                  |              |                        |                                       |         |            |  | I                            |         |  |

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