

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 TAYLORVILLE		STATE IL	ZIP CODE 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? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME MR. SMITH PAC			
MAILING ADDRESS PO BOX 30844		Name of Employer	
CITY BETHESDA		STATE MD	ZIP CODE 20824-0844
		Occupation	
		Date (month, day, year) 10/28/2020	
		Amount 2500.00	
		Transaction ID : 68F7FC4D936D14D75	
B. FULL NAME CONSERVATIVE AMERICAN REPUBLICAN LEADERSHIP PAC			
MAILING ADDRESS PO BOX 852138		Name of Employer	
CITY MOBILE		STATE AL	ZIP CODE 36685-2138
		Occupation	
		Date (month, day, year) 10/28/2020	
		Amount 2000.00	
		Transaction ID : 642C3DAD2532F4D27	
C. FULL NAME BILL FLORES FOR CONGRESS			
MAILING ADDRESS PO BOX 6207		Name of Employer	
CITY BRYAN		STATE TX	ZIP CODE 77805-6207
		Occupation	
		Date (month, day, year) 10/28/2020	
		Amount 1000.00	
		Transaction ID : 6A41E47064FF74A6C	
D. FULL NAME METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A			
MAILING ADDRESS 1095 AVENUE OF THE AMERICAS		Name of Employer	
CITY NEW YORK		STATE NY	ZIP CODE 10036
		Occupation	
		Date (month, day, year) 10/28/2020	
		Amount 1000.00	
		Transaction ID : 6FE7235E0CA4C4857	
E. FULL NAME ECOLAB INC PAC (ECOPAC)			
MAILING ADDRESS 370 WABASHA ST N		Name of Employer	
CITY SAINT PAUL		STATE MN	ZIP CODE 55102-1323
		Occupation	
		Date (month, day, year) 10/29/2020	
		Amount 2500.00	
		Transaction ID : 64B23C91D89FA4BF	
SIGNATURE (optional) DATWYLER, THOMAS, , ,			DATE 10/30/2020
[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

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE GOODMAN, PAUL, , , 11 BARRINGTON PL MELVILLE NY 11747	Name of Employer GOODMAN GROUP RESTAURANTS INC. Transaction ID : 6DB32AC516B0A420FA33 Occupation RESTAURANT FRANCHISE OWNER	Date (month, day, year) 10/29/2020	Amount 2800.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE CASPER, BLAKE, , , 4908 W NASSAU ST TAMPA FL 33607-3827	Name of Employer CASPERS COMPANY Transaction ID : 6B54B07AF609345BCADA Occupation CEO	Date (month, day, year) 10/29/2020	Amount 2600.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE WILLIAMS, JAMES, , , 1506 JOHNSON RD GRANITE CITY IL 62040	Name of Employer CEO Transaction ID : 60585E37D13CB41289AA Occupation MCDONALDS FRANCHISEE	Date (month, day, year) 10/29/2020	Amount 2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE RUIZ, NOLAN, , , 11422 GRAVOIS ROAD SAINT LOUIS MO 63126	Name of Employer F.F. G., LC Transaction ID : 6F09FDB6331FD4D90841 Occupation OWNER	Date (month, day, year) 10/29/2020	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE BRINSON, CHRISTOPHER, , , PO BOX 1113 ANNISTON AL 36202	Name of Employer INFORMATION REQUESTED Transaction ID : 65200F1C4A43E4D80BC6 Occupation INFORMATION REQUESTED	Date (month, day, year) 10/29/2020	Amount 2000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE STANFORD, GENE, , , 61 STAGECOACH LANE TROY IL 62294	Name of Employer SELF Transaction ID : 64BA44A84B4AB4DB4AE Occupation RESTAURANT OWNER	Date (month, day, year) 10/29/2020	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE FUENTES, PHIL, , , 6318 N SPOKANE AVE CHICAGO IL 60646-4131	Name of Employer PHIL FUENTES Transaction ID : 6721D6558B5B140A5811 Occupation RESTAURANT OWNER	Date (month, day, year) 10/29/2020	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE KELLEY, JONATHAN, , , 2200 EASTWOOD DR RICHARDSON TX 75080	Name of Employer SELF Transaction ID : 65ACF9B619F604649A1F Occupation MANAGER	Date (month, day, year) 10/29/2020	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE CHAPMAN, HARRY, , , 303 SQUANKUM RD FARMINGDALE NJ 07727	Name of Employer NUOP Transaction ID : 6927146F281F748359A7 Occupation SELF EMPLOYED	Date (month, day, year) 10/29/2020	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE KASPRZYK, MIKE, , , 604 POINSETTIA PL SPRINGFIELD IL 62711-7700	Name of Employer SELF Transaction ID : 6D58E6E9D8E394FDF835 Occupation RESTAURANT	Date (month, day, year) 10/29/2020	Amount 1000.00

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