

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 WENDYROGERS.ORG | | | |
| ADDRESS (number and street) 3030 S RURAL RD SUITE 120 | | | |
| CITY, STATE, and ZIP CODE TEMPE AZ 85282 | | | |
| 2. NAME OF CANDIDATE WENDY ROGERS | 3. OFFICE SOUGHT (State and District) House AZ 09 | | 4. FEC IDENTIFICATION NUMBER C00510958 |
| 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, MAILING ADDRESS AND ZIP CODE | | | |
| Denim Denton 4519 N. 35th Pl. Phoenix AZ 85018 | | Name of Employer Self Transaction ID : F6.10997 Occupation Nurse | Date (month, day, year) 10/30/2014 Amount 2600.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Natalie Gaylord 5112 N. Wilkenson Rd. Paradise Valley AZ 85253 | | Name of Employer None Transaction ID : F6.10988 Occupation Homemaker | Date (month, day, year) 10/28/2014 Amount 2600.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Michael Jandernoa 171 Monroe Ave. NW Suite 410 Grand Rapids MI 49503 | | Name of Employer 42 North Partners Transaction ID : F6.10986 Occupation Chairman | Date (month, day, year) 10/29/2014 Amount 2500.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| M. Riffe 920 N. Granada Dr. Chandler AZ 85226 | | Name of Employer None Transaction ID : F6.10984 Occupation Retired | Date (month, day, year) 10/28/2014 Amount 2600.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Jesika Streit 7432 E. Tierra Buena Scottsdale AZ 85260 | | Name of Employer StaraTech Transaction ID : F6.10987 Occupation Partner | Date (month, day, year) 10/28/2014 Amount 2600.00 |
| SIGNATURE (optional) Sarah M. Raybon | | DATE 10/30/2014 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |
| <i>[Electronically Filed]</i> | | | |

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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.

FEC FORM 6

(Revised 07/2011)

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| 1. NAME OF COMMITTEE IN FULL WENDYROGERS.ORG | | continuation page | |
| ADDRESS (number and street) 3030 S RURAL RD SUITE 120 | | | |
| CITY, STATE, and ZIP CODE TEMPE AZ 85282 | | | |
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE 504 DEREK AVENUE ELIZABETHTOWN KY 42701 | Name of Employer Transaction ID : F6.10982 Occupation | Date (month, day, year) 10/30/2014 | Amount 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE DEFENDING AMERICA'S VALUES EVERYWHERE (TEAM DAVE) 228 S WASHINGTON STREET SUITE 115 ALEXANDRIA VA 22314 | Name of Employer Transaction ID : F6.10983 Occupation | Date (month, day, year) 10/28/2014 | Amount 2500.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE JOBS, ECONOMY AND BUDGET FUND (JEB FUND) PO BOX 30844 BETHESDA MD 20824 | Name of Employer Transaction ID : F6.10994 Occupation | Date (month, day, year) 10/29/2014 | Amount 2500.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE MAGGIE'S LIST 6675 WEEPING WILLOW WAY TALLAHASSEE FL 32311 | Name of Employer Transaction ID : F6.10993 Occupation | Date (month, day, year) 10/30/2014 | Amount 1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE SHOW-ME POLITICAL ACTION COMMITTEE 2345 GRAND BLVD. SUITE 2800 KANSAS CITY MO 64108 | Name of Employer Transaction ID : F6.11002 Occupation | Date (month, day, year) 10/30/2014 | Amount 2500.00 |

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continuation page

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5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Date (month, day, year) | Amount |
|--|---|-------------------------|---------|
| UPPER HAND FUND PO BOX 2485 SPRINGFIELD VA 22152 | Transaction ID : F6.10985 Occupation | 10/29/2014 | 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Date (month, day, year) | Amount |
| | Occupation | | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Date (month, day, year) | Amount |
| | Occupation | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Date (month, day, year) | Amount |
| | Occupation | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Date (month, day, year) | Amount |
| | Occupation | | |