03/08/2018 14 : 51

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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 FUL Rodney for Con										
ADDRESS (number and street)	PO Box 344									
CITY STATE Taylorville IL			ZIP CODE 62568-0344							
2. NAME OF CANDIDATE		I .		3. OFFICE SOL	JGHT (Sta	ate and District)		4. FEC IDENTIFICATION	N NUMBER	
Davis, Rodney, L, ,				House		IL	13	C00521948		
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING		YES, IT AMEN	IDS THE	NOTICE FILE	ED ON	/	/	
FULL NAME Truck Renting And Leasing Association PAC - TralaPAC				Name of Employer				Date (month, day, year)	Amount	
MAILING ADDRESS 675 N Washington St Ste 410				Transaction ID : 629FF3A5210A4498A			0A4498 <i>A</i>	03/07/2018	1000.00	
CITY	STATE ZIP CODE		DE	Occupation						
Alexandria	VA	2231/	4-1939							
B. FULL NAME		2201-	+1000	Name of Empl	over			Date (month,	Amount	
Davita Healthcare Partners Inc Pac				Name of Employer				day, year)		
MAILING ADDRESS				-				03/07/2018	2000.00	
32275 32nd Ave S				Transaction	ID · 6D	923F0881	9704006			
CITY STATE ZIP CODE			Transaction ID: 6D923F08819704C06 Occupation			3704000				
Federal Way	I Way WA 98001-9616									
C. FULL NAME	***	3000	71-3010	Name of Empl	over			Date (month,	Amount	
Microsoft Corporation	n Political Ac	tion Com	mittee	ramo or Empi	oyo.			day, year)		
MAILING ADDRESS								03/07/2018	1000.00	
16011 NE 36th Way # 97017			Transaction ID: 61BEB360A38EF487			38EF487				
CITY	STATE ZIP CODE		DE	Occupation						
Redmond	WA	98052	2-6301							
D. FULL NAME				Name of Empl	over			Date (month,	Amount	
Investment Company Institute Political Action Committee			Name of Employer				day, year)			
MAILING ADDRESS 1401 H Street NW			_				03/07/2018	3000.00		
Suite 1200				Transaction ID : 669FDB32CD9724FEI			D9724FEI			
CITY	STATE ZIP CODE		DE	Occupation						
Washington	DC	2000	5-2110							
E. FULL NAME Koch Industries Inc Political Action Committee (kochpac)				Name of Employer				Date (month, day, year)	Amount	
MAILING ADDRESS 600 14th Street NW								03/08/2018	5000.00	
Suite 800				Transaction ID: 68D84296C223E42CE			23E42CE			
CITY	STATE	ZIP CO	DE	Occupation						
Washington	DC	2000	5-2099							
SIGNATURE (optional) Datwyler, Thomas, , ,				[Electronically	Filed]	DATE 03/08/20	18	Federal E 999 E Street, N	information contact: lection Commission <i>N</i> , Washington, DC 20463 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.



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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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NAME OF COMMITTEE IN FULL		1	
Rodney for Congress			
ADDRESS (number and street) PO Box 344		1	
CITY, STATE, and ZIP CODE		1	
Taylorville	IL 62568-0344	continuation	on page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	<u> </u>
Davis, Rodney, L, ,	House IL 13	C00521948	
5. ISTHIS AN AMENDMENT? X 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,	Amount
Maschhoff, Julie, , ,	The Maschhoffs LLC	day, year)	
		03/08/2018	1000.00
18391 Post Oak Rd			
	Transaction ID: 64CAA5EEE60D54E Occupation	34A4E	
Carlyle IL 62231-301			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Associated Equipment Distributors Political Action		day, year)	
Committee		03/08/2018	1000.00
121 N Henry Street			
	Transaction ID: 691A7CAC3DC3E4C	EE3801	
Alexandria VA 22314-290	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Date (month,	Amount
C. FOLL NAME, MAILING ADDRESS AND ZIF CODE	Name of Employer	day, year)	Amount
	Occupation		
		Date (month,	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	Amount
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
		,, , ,	
	Occupation	+	