PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rodney for Congress PO Box 344 ADDRESS (number and street) (Check if address is changed) Taylorville 62568-0344 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mariae2910@hotmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2014 C00521948 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mary Ellen Maxwell Type or Print Name of Treasurer Mary Ellen Maxwell [Electronically Filed] 12 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	
	te Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Name of Candidate	Rodney L Davis	
Candidate	Office	State
Party Affilia	tion REP Sought: X House Senate President	District 13
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	·
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Coi	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number C	
4.		

FEC <b>Form 1</b> (Revi	ised 02/2009)	Page <b>3</b>
Write or Type Committee I	Name	
Rodney for C	Congress	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
	· · · · · · · · · · · · · · · · · · ·	
Mailing Address	<u> </u>	
		.00000
		710.0005
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the p	erson in possession of committee
Mary Full Name	Ellen Maxwell	
	PO Box 344	
Mailing Address		
	Taylorville	62568-0344
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	618
. <b>Treasurer:</b> List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; e.g., assistant treasurer).	and the name and address of
	Ellen Maxwell	
of Treasurer	IPO Box 344	
Mailing Address	[	
	Taylandla	100500 0044
	Taylorville IL	62568-0344
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit boxes Name of Bank, Depo		s accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc.  S. Bank  108 W Market Street	
safety deposit boxes  Name of Bank, Depo	or maintains funds. sitory, etc. S. Bank	
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  S. Bank  108 W Market Street  Taylorville  I L 62568-2	
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  S. Bank  108 W Market Street  Taylorville  CITY  STATE	222
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  S. Bank  108 W Market Street  Taylorville  CITY  STATE	222
safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  S. Bank  108 W Market Street  Taylorville  CITY  STATE	222
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safety deposit boxes  Name of Bank, Depo	or maintains funds.  ository, etc.  S. Bank  108 W Market Street  Taylorville  CITY  STATE	222