

# 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.

|                                                                                                                                                                             |  |                    |                                                             |                                       |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-------------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>VINCENT DIXIE FOR TENNESSEE                                                                                                          |  |                    |                                                             |                                       |                                                  |
| <b>ADDRESS</b> (number and street) 73 WHITE BRIDGE ROAD<br>STE 103-328                                                                                                      |  |                    |                                                             |                                       |                                                  |
| <b>CITY</b><br>NASHVILLE                                                                                                                                                    |  | <b>STATE</b><br>TN |                                                             | <b>ZIP CODE</b><br>37205              |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>DIXIE, VINCENT, , ,                                                                                                                          |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TN 07 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00911370 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |                    |                                                             |                                       |                                                  |
| <b>A. FULL NAME</b><br>ROGERS GROUP INC. POLITICAL ACTION COMMITTEE                                                                                                         |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>421 GREAT CIRCLE RD                                                                                                                               |  |                    |                                                             | Date (month, day, year)<br>09/26/2025 |                                                  |
| <b>CITY</b><br>NASHVILLE                                                                                                                                                    |  |                    |                                                             | Amount<br>2000.00                     |                                                  |
| <b>STATE</b><br>TN                                                                                                                                                          |  |                    |                                                             | <b>Transaction ID : F65-1093</b>      |                                                  |
| <b>ZIP CODE</b><br>37228                                                                                                                                                    |  |                    |                                                             | Occupation                            |                                                  |
| <b>B. FULL NAME</b><br>THE COLLECTIVE PAC                                                                                                                                   |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO BOX 15845                                                                                                                                      |  |                    |                                                             | Date (month, day, year)<br>09/26/2025 |                                                  |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                   |  |                    |                                                             | Amount<br>5000.00                     |                                                  |
| <b>STATE</b><br>DC                                                                                                                                                          |  |                    |                                                             | <b>Transaction ID : F65-1112</b>      |                                                  |
| <b>ZIP CODE</b><br>20003                                                                                                                                                    |  |                    |                                                             | Occupation                            |                                                  |
| <b>C. FULL NAME</b>                                                                                                                                                         |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                             | Date (month, day, year)               |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                             | Amount                                |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             |                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                             | Occupation                            |                                                  |
| <b>D. FULL NAME</b>                                                                                                                                                         |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                             | Date (month, day, year)               |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                             | Amount                                |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             |                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                             | Occupation                            |                                                  |
| <b>E. FULL NAME</b>                                                                                                                                                         |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                             | Date (month, day, year)               |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                             | Amount                                |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             |                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                             | Occupation                            |                                                  |
| <b>SIGNATURE (optional)</b><br>MCCUBBIN, JEREMIE, , ,                                                                                                                       |  |                    |                                                             | <b>DATE</b><br>10/06/2025             |                                                  |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                       |  |                    |                                                             |                                       |                                                  |

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**FEC FORM 6**  
(Revised 03/2016)