

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RODNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) HAGERTY, JOSEPH, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 08 2019	
Mailing Address 104 GLENWOOD DRIVE			Transaction ID : ABA78BFD090A14DEF886	
City GLEN CARBON	State IL	Zip Code 62034-1018	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Name of Employer OATES ASSOCIATES		
Occupation EXECUTIVE		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 275.00		<input type="checkbox"/> Memo Item		

B. Full Name (Last, First, Middle Initial) JERGER, TRACEY, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 09 2019	
Mailing Address 2101 N MAIN ST			Transaction ID : A5811670A2C9540A998D	
City DECATUR	State IL	Zip Code 62526-4375	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer SELF		
Occupation DENTIST		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00		<input type="checkbox"/> Memo Item		

C. Full Name (Last, First, Middle Initial) WEBER, GEORGE, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 08 2019	
Mailing Address 818 CHARLOTTE AVE			Transaction ID : A6766AA16E82C4404904	
City COLUMBIA	State IL	Zip Code 62236-1982	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Name of Employer SELF		
Occupation SALES		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1100.00		<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	