



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C010984

OFFICE USE ONLY
DL

STATEMENT DATE 10/15/2010	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18b
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3. FULL NAME OF COMMITTEE **Elect Cynthia Davis**

4. COMMITTEE MAILING ADDRESS ADDRESS: 1008 Highway K CITY / STATE / ZIP: O'Fallon, MO 63366	5. TELEPHONE NUMBER (636) 240-6369
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6. TREASURER'S NAME **Madolena Key**

7. TREASURER'S MAILING ADDRESS ADDRESS: 94 Sunfish Drive CITY / STATE / ZIP: Defiance, MO 63341	8. TELEPHONE NUMBER HOME: (636) 398-5483 WORK:
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: 1009 Highway K CITY / STATE / ZIP: O'Fallon MO 63366	11. TELEPHONE NUMBER HOME: (636) 240-6369 WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME n/a	B. ADDRESS	C. TITLE	13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.
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AMENDMENT

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY POLITICAL ACTION (PAC) CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME Cynthia Davis	B. ADDRESS 1008 Highway K, O'Fallon, MO 63366	C. TELEPHONE NO. (636) 240-6369 Missouri Ethics Commission	D. PARTY Republican

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME n/a	B. ADDRESS NOV 01 2010
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18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S) Cynthia Davis	B. ELECTION DATE Primary 2012	C. OFFICE SOUGHT Statewide	D. POLITICAL SUBDIVISION State of Missouri	E. SUPPORT <input checked="" type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>	

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Madolena Key

TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Cynthia L. Davis

CANDIDATE'S SIGNATURE