



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use

[Handwritten initials]

Statement of Committee Organization

1. Statement Information

Date: August 17th
 Type: New Amended (if amending, enter MEC ID C161342 & section changed _____)

2. Committee Information

Name of Committee: The Committee to Elect Stephanie Davis
 Committee Mailing Address, City, State, & Zip: 417 S. Hickory St. Mt. Vernon, Mo 65712 Telephone Number: (417)

Lawrence County
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Stephen Davis
 Treasurer's Mailing Address, City, State, & Zip: 417 S. Hickory St. Mt. Vernon, Mo 65712
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: () - () - () Treasurer's Work Telephone Number: (623) 215-5653 (cell)
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: () - () - () Dep. Treasurer's Work Telephone Number: () - () - ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): _____ Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): _____ Connected Organization's Mailing Address, City, State, & Zip: _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State, & Zip of Candidate: Stephanie Davis 417 S. Hickory St. Mt. Vernon, Mo 65712 Telephone Number (Candidate Committees Only): (480) 619-2992 (417) 316-9180
 Election Date: Nov 8, 2016 Office Sought & Political Subdivision: State Rep. 15th Political Party: INDEPENDENT Support or Oppose: Support

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: _____ Election Date & Political Subdivision: _____ Support or Oppose: _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: [Signature] Candidate (Candidate Committees Only): Stephanie Davis