



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 0071040

OFFICE USE ONLY
BD *JE*

STATEMENT DATE <u>05/24/2010</u>	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>5, 18</u>
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3. FULL NAME OF COMMITTEE CITIZENS FOR DAVIS

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>3320 LOCUST #808</u> CITY/STATE/ZIP: <u>ST. LOUIS, MO. 63103</u>	5. TELEPHONE NUMBER <u>(314) 680-9168</u>
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6. TREASURER'S NAME RITA McMICHLAN

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>1517 THERESA AVE #105</u> CITY/STATE/ZIP: <u>ST. LOUIS, MO. 63104</u>	8. TELEPHONE NUMBER HOME: <u>(314) 766-1919</u> WORK:
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY)

A. NAME	B. ADDRESS	C. TITLE
AMENDMENT		

13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?
 YES NO N/A

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.
<u>NATIONAL CITY BANK</u> <u>P.O. Box 8043</u> <u>ROYAL OAK, MI 48066-8043</u>	<u>CITIZENS FOR DAVIS</u>	

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
<u>MARLENE E. DAVIS</u>	<u>3320 LOCUST, #808</u> <u>63103</u>	<u>(314) 680-9168</u>	<u>DEMOCRAT</u>

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

A. NAME	B. ADDRESS
<u>N/A</u>	

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE	
<u>MARLENE E. DAVIS</u>	<u>03/05/2010</u>	<u>ALDERMAN</u>	<u>19TH WARD</u> <u>CITY OF ST. LOUIS</u>	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED

A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE	
<u>N/A</u>			<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Rita McMichlan</u> TREASURER'S SIGNATURE	21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Marlene E. Davis</u> CANDIDATE'S SIGNATURE
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Missouri Ethics Commission
MAY 27 2010