



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 0071040

OFFICE USE ONLY  
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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>	
3. FULL NAME OF COMMITTEE <u>CITIZENS FOR DAVIS</u>					
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>	
6. TREASURER'S NAME <u>RITA McMillan</u>					
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:	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME 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	
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.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.	

**AMENDMENT**

Missouri Ethics Commission  
MAY 27 2010