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

Office Use **AUG 20 2019**
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Statement of Committee Organization

1. Statement Information

Date: 07/30/2019

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Committee to Elect Bishop Davidson
Name of Committee

1983 S Farm Road 69 Republic, MO 65738 (417) 818-1932
Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address _____ Greene County Clerk
County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Kari Murray
Treasurer's Name (First & Last)

7175 N Farm Road 137 Springfield, MO 65803 (417) 830-9060
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

Teresa Davidson
Deputy Treasurer's Name (if one appointed)

1983 S Farm Road 69 Republic, MO 65738 (417) 818-1932
Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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)

Bishop Davidson 1983 S Farm Road 69 Republic, MO 6573 (417) 818-1932
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/04/2020 State District 130 Republican
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

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.

Kari Murray
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)