



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

Missouri Ethics Commission
OCT 29 2019
Office Use:
T192082

1. Statement Information

Date: 10/25/2019

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

2. Committee Information

Friends of Michael Davis

Name of Committee

215 W 132nd St Kansas City, MO 64145

Committee Mailing Address, City, State, & Zip

(816) 388-0680

Telephone Number

Kansas City County Board of Elections

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Skyler Kee

Treasurer's Name (First & Last)

111 Brian Ave Belton, MO 64012

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 500-2330

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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)

Michael Davis 215 W 132nd St Kansas City, MO 64145

Name & Mailing address, City, State, & Zip of Candidate

(816) 388-0680

Phone 1

Phone 2

08/04/2020

State

Republican

support

Election Date

Representative/Missouri House of Representatives #56

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.

Skyler Kee

Committee Treasurer

Michael Davis

Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.