



Office Use:
JAN 06 2020

Statement of Committee Organization

1. Statement Information

Date: 12/17/2019

Type: New Amended (if amending, enter MEC ID C190934 & section changed 3)

2. Committee Information

Committee to Elect Bishop Davidson

Name of Committee

1983 S Farm Road 69, Republic, MO 65738

Committee Mailing Address, City, State, & Zip

(417) 818-1932

Telephone Number

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 D Murray

Treasurer's Name (First & Last)

7175 N Farm Road 137, Springfield MO, 65803

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

Treasurer's Email Address (optional)

(417) 830-9060

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT

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, 65738

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

(417) 818-1932

Telephone Number (Candidate Committees Only)

08/04/2020

Election Date

State Rep / MO House of Representatives

Republican

Political Party

Support or Oppose

Office Sought & Political Subdivision

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 D Murray
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)