



Office Use:
MAR 23 2020
 postmark 3/19/20

Statement of Committee Organization

1. Statement Information

Date: 3/18/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Ward 20 for Davis
 Name of Committee
3803 Marine Ave., St. Louis, MO 63118 (314) 724-1261
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis City Board of Election Commissioners
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Kirsten Petty
 Treasurer's Name (First & Last)
3505 Nebraska Ave., St. Louis, MO 63118
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(314) 397-7222 _____
 Treasurer's Home Telephone Number 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 _____
 Dep. Treasurer's Home Telephone Number _____
 Dep. Treasurer's Work Telephone Number _____

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)

Mark Davis, 3803 Marine Ave., St. Louis, MO 63118 (314) 724-1261 _____
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8/4/2020 20th Ward Democratic Committeeman Democratic support
 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.
Kirsten Petty _____ Mark Davis _____
 Committee Treasurer Candidate (Candidate Committees Only)