

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE  
09 DEC 16 AM 10:51

Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

Conservatives For Davis Conway

ADDRESS (number and street) 1403 Quiet Field Ct

(Check if address  
is changed)

St Peters MO 1633761-13865

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

davis@xparty.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.xparty.org

2. DATE 12.10.2009

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  NEW (N)  OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael D. Heckman

Signature of Treasurer M. D. Heckman

Date 11/11/1969

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

(a)  This committee is a principal campaign committee. (Complete the candidate information below.)

(b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Davis B. Conway

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

MD

District

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d)  This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.  FEC ID number C
2.  FEC ID number C
3.  FEC ID number C
4.  FEC ID number C

Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address			
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CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Sheri Dudley ConwayMailing Address 403 Quiet Field Ct

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St Peters MO 63376-3865Title or Position Assistant Treasurer

CITY

STATE

ZIP CODE

Telephone number 573-268-12951

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer MICHAEL DEAN HECKMANMailing Address 118 BROOKFIELD BLVD

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WENTZVILLE MO 63385-1

CITY

STATE

ZIP CODE

Title or Position TREASURERTelephone number 573-268-12951

Full Name of  
Designated  
Agent

Sheri Dudley Conway

Mailing Address

1403 Quiet Field Ct.

St Peters

CITY

STATE

163376-13865

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

111-111-1111

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Regions

Mailing Address

1843 Wentzville Parkway

Wentzville

CITY

STATE

MO 63385-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

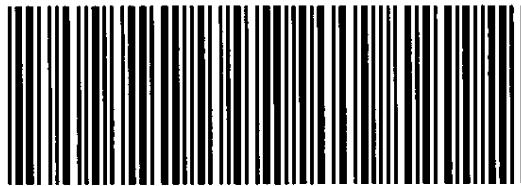
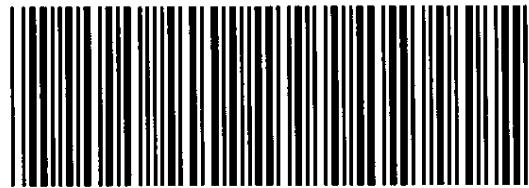
CITY

STATE

ZIP CODE







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