Image# 201708119070322441				00/11/2017 15.22
FEC FORM 1	STATEME ORGANIZ	-		PAGE 1 / 4 —
			Off	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Melissa Davis F	or Congress			
ADDRESS (number and street)	1595 Peachtree PKWY Suite	204-367		
(Check if address				
is changed)			GA 3004	41 , ,
			L_⊥_ L⊥ STATE ▲	
COMMITTEE'S E-MAIL ADD	RESS			
COMMITTEE'S E-MAIL ADD	,info@melissadavisforc	ongress.com		
is changed)				
	Optional Second E-Mail Ad	dress		
(Check if address is changed)	melissadavisforcongress.com			
2. DATE 08	11 / Y Y Y Y 2017			
3. FEC IDENTIFICATION	NUMBER ► C c	00652917		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	I this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
		-		
Type or Print Name of Treasu	Irer Beaty, Dejernette, , ,			
Signature of Treasurer	aty, Dejernette, , ,	[Electronically Filed]	Date 08	^b ^b ¹ ^y
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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F	EC Fo	Page	2	
TYPE	OF C	COMMITTEE		
Cano	didate	e 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 cal information below.)	ndidate	
Name Candi	•	Davis, Melissa, , ,		
Candi Party	date Affiliatio	tion DEM Office Sought: X House Senate President District	GA 07	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candie				
Party	y Con	mmittee:		
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican,		
Politi	ical A	Action Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organ	nization is a:	
		Corporation Corporation w/o Capital Stock Labor Orga	anization	
		Membership Organization Trade Association Cooperativ	e	
		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 fur committee. (i.e., nonconnected committee)	nd or party	
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint	Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, none of which is an authorized committee of a federal candidate.	olitical	
	Com	nmittees Participating in Joint Fundraiser		
	1.			
	2.	FEC ID number		
	3.	FEC ID number		
	4.			

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Write or Type Committee Name

Melissa Davis For Congress

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

Mailing Address				
	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.

Davis, Mel	issa, , ,
Full Name	
	1595 Peachtree PKWY Suite 204-367
Mailing Address	
	L
	Cumming GA 30041 - - - -
Title or Position	CITY STATE ZIP CODE
Assistant Treasurer	404 438 9803 Telephone number 1 1

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	Beaty, Dejernette, , ,		
of Treasurer			
Mailing Address	1595 Peachtree PKWY Suite 204-367		
	L		
	Cumming GA 30041 – / <th <="" th=""> <th <="" th=""></th></th>	<th <="" th=""></th>	
	CITY STATE ZIP CODE		
Title or Position Treasurer	1 1 1 404 438 9803 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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Full Name of Designated Agent	Davis, Melissa, , ,	
Mailing Address	1595 Peachtree PKWY Suite 204-367	
	Cumming	
	CITY STATE ZIP CODE	
Title or Position	Irer	

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.

L M	Vells Fargo Bank		
Mailing Address	1729 Buford Hwy		
	Cumming	GA 30041 - - -	
	CITY	STATE ZIP CODE	
Name of Bank, Depo	ository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP CODE	