

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|-------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------|---------------------------------------|-------------------|-----------------------------------------------------------|--|--|------------------------------------------|--|--|---------------------------------|--------------------|-------------------------------|------------------------------|--|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Cicely Davis for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>ADDRESS</b> (number and street) 5115 Excelsior Blvd<br>#311                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>CITY</b><br>Saint Louis Park                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | <b>STATE</b><br>MN            |                                                             | <b>ZIP CODE</b><br>55416              |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Davis, Cicely, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MN 05 |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00784843                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>                     Samons, Floyd, , ,                 </td> <td>                     Name of Employer<br/>                     Retired                 </td> <td>                     Date (month, day, year)<br/>                     10/27/2022                 </td> <td>                     Amount<br/>                     1000.00                 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>                     1845 McCulloch Blvd N<br/>                     Ste B4                 </td> <td colspan="2"> <b>Transaction ID : 6D07F51FAAFF041A</b> </td> <td></td> </tr> <tr> <td> <b>CITY</b><br/>                     Lake Havasu City                 </td> <td> <b>STATE</b><br/>                     AZ                 </td> <td> <b>ZIP CODE</b><br/>                     86403-6774                 </td> <td colspan="3"> <b>Occupation</b><br/>                     Retired                 </td> </tr> </table> |                      |                               |                                                             |                                       | <b>A. FULL NAME</b><br>Samons, Floyd, , ,                                                                                                                      |  |  | Name of Employer<br>Retired | Date (month, day, year)<br>10/27/2022 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>1845 McCulloch Blvd N<br>Ste B4 |  |  | <b>Transaction ID : 6D07F51FAAFF041A</b> |  |  | <b>CITY</b><br>Lake Havasu City | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>86403-6774 | <b>Occupation</b><br>Retired |  |  |
| <b>A. FULL NAME</b><br>Samons, Floyd, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                               | Name of Employer<br>Retired                                 | Date (month, day, year)<br>10/27/2022 | Amount<br>1000.00                                                                                                                                              |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>MAILING ADDRESS</b><br>1845 McCulloch Blvd N<br>Ste B4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                               | <b>Transaction ID : 6D07F51FAAFF041A</b>                    |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>CITY</b><br>Lake Havasu City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>AZ   | <b>ZIP CODE</b><br>86403-6774 | <b>Occupation</b><br>Retired                                |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>B. FULL NAME</b><br>Elliott, David, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                               | Name of Employer<br>Retired                                 | Date (month, day, year)<br>10/28/2022 | Amount<br>1000.00                                                                                                                                              |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>MAILING ADDRESS</b><br>6621 Talmadge Ln                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                               | <b>Transaction ID : 6D51E2D57C932493E</b>                   |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>CITY</b><br>Dallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>STATE</b><br>TX   | <b>ZIP CODE</b><br>75230-2310 | <b>Occupation</b><br>Retired                                |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>C. FULL NAME</b><br>M Weber, Scott, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                               | Name of Employer<br>self                                    | Date (month, day, year)<br>10/28/2022 | Amount<br>2900.00                                                                                                                                              |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>MAILING ADDRESS</b><br>2601 Sunset Blvd. apt 3G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                               | <b>Transaction ID : 6ED22B490DE4A42D</b>                    |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>CITY</b><br>Mpls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b><br>MN   | <b>ZIP CODE</b><br>55416      | <b>Occupation</b><br>Real Estate                            |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>D. FULL NAME</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                               | Name of Employer<br><br>                                    | Date (month, day, year)<br><br>       | Amount<br><br>                                                                                                                                                 |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>MAILING ADDRESS</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>CITY</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b><br><br> | <b>ZIP CODE</b><br><br>       | <b>Occupation</b><br><br>                                   |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>E. FULL NAME</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                               | Name of Employer<br><br>                                    | Date (month, day, year)<br><br>       | Amount<br><br>                                                                                                                                                 |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>MAILING ADDRESS</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>CITY</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b><br><br> | <b>ZIP CODE</b><br><br>       | <b>Occupation</b><br><br>                                   |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <b>SIGNATURE (optional)</b><br>Datwyler, Thomas, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                               | <b>DATE</b><br>10/29/2022                                   |                                       | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |
| <i>[Electronically Filed]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                               |                                                             |                                       |                                                                                                                                                                |  |  |                             |                                       |                   |                                                           |  |  |                                          |  |  |                                 |                    |                               |                              |  |  |

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**FEC FORM 6**  
(Revised 03/2016)