

# 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" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           Schnuck, Craig, , ,         </td> <td style="padding: 5px;">           Name of Employer<br/>           Retired         </td> <td style="padding: 5px;">           Date (month,<br/>day, year)<br/>           07/31/2022         </td> <td style="padding: 5px;">           Amount<br/>           2900.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           26 Carrswold Dr         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 633CC06B6156D4019</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Saint Louis         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           MO         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           63105-2913         </td> <td style="padding: 5px;">           Occupation<br/>           Retired         </td> <td></td> <td></td> </tr> </table> |                      |                                                                                                       |                                           | <b>A. FULL NAME</b><br>Schnuck, Craig, , ,                                                                                                                     |                   |  | Name of Employer<br>Retired | Date (month,<br>day, year)<br>07/31/2022 | Amount<br>2900.00 | <b>MAILING ADDRESS</b><br>26 Carrswold Dr  |  |  | <b>Transaction ID : 633CC06B6156D4019</b> |  | <b>CITY</b><br>Saint Louis | <b>STATE</b><br>MO   | <b>ZIP CODE</b><br>63105-2913 | Occupation<br>Retired |  |  |
| <b>A. FULL NAME</b><br>Schnuck, Craig, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                       | Name of Employer<br>Retired               | Date (month,<br>day, year)<br>07/31/2022                                                                                                                       | Amount<br>2900.00 |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
| <b>MAILING ADDRESS</b><br>26 Carrswold Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                       | <b>Transaction ID : 633CC06B6156D4019</b> |                                                                                                                                                                |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
| <b>CITY</b><br>Saint Louis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>MO   | <b>ZIP CODE</b><br>63105-2913                                                                         | Occupation<br>Retired                     |                                                                                                                                                                |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>B. FULL NAME</b><br/>           Elliott, David, , ,         </td> <td style="padding: 5px;">           Name of Employer<br/>           Retired         </td> <td style="padding: 5px;">           Date (month,<br/>day, year)<br/>           08/04/2022         </td> <td style="padding: 5px;">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           6621 Talmadge Ln         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 60393CC698FD5496E</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Dallas         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           TX         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           75230-2310         </td> <td style="padding: 5px;">           Occupation<br/>           Retired         </td> <td></td> <td></td> </tr> </table>     |                      |                                                                                                       |                                           | <b>B. FULL NAME</b><br>Elliott, David, , ,                                                                                                                     |                   |  | Name of Employer<br>Retired | Date (month,<br>day, year)<br>08/04/2022 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>6621 Talmadge Ln |  |  | <b>Transaction ID : 60393CC698FD5496E</b> |  | <b>CITY</b><br>Dallas      | <b>STATE</b><br>TX   | <b>ZIP CODE</b><br>75230-2310 | Occupation<br>Retired |  |  |
| <b>B. FULL NAME</b><br>Elliott, David, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                       | Name of Employer<br>Retired               | Date (month,<br>day, year)<br>08/04/2022                                                                                                                       | Amount<br>1000.00 |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
| <b>MAILING ADDRESS</b><br>6621 Talmadge Ln                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                       | <b>Transaction ID : 60393CC698FD5496E</b> |                                                                                                                                                                |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
| <b>CITY</b><br>Dallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b><br>TX   | <b>ZIP CODE</b><br>75230-2310                                                                         | Occupation<br>Retired                     |                                                                                                                                                                |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
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| <b>C. FULL NAME</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                       | Name of Employer<br><br>                  | Date (month,<br>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>                                                                               | Occupation<br><br>                        |                                                                                                                                                                |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
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| <b>D. FULL NAME</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                       | Name of Employer<br><br>                  | Date (month,<br>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>                                                                               | Occupation<br><br>                        |                                                                                                                                                                |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
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| <b>E. FULL NAME</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                       | Name of Employer<br><br>                  | Date (month,<br>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>                                                                               | Occupation<br><br>                        |                                                                                                                                                                |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |
| <b>SIGNATURE (optional)</b><br>Datwyler, Thomas, , ,<br><div style="text-align: right;">[Electronically Filed]</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                       | <b>DATE</b><br>08/05/2022                 | <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 |                   |  |                             |                                          |                   |                                            |  |  |                                           |  |                            |                      |                               |                       |  |  |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

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