

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

PAUL R DAVIS FOR CENTRAL IL

ADDRESS (number and street)  (Check if address  
is changed) 106 Tessy Ln

Collinsville

CITY ▲

IL

62234

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed) prddvm4congress@gmail.com

Optional Second E-Mail Address

klcdvm@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed) pauldavisforcongress.com2. DATE  /  / 3. FEC IDENTIFICATION NUMBER ► 4. IS THIS STATEMENT  NEW (N)  AMENDED (A)

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

Type or Print Name of Treasurer Ring, Patricia, , ,

Signature of Treasurer Ring, Patricia, , ,

Date

 /  / NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

**PAUL R DAVIS FOR CENTRAL IL****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Crocker, Karin, , ,

Mailing Address

106 Tessy Ln

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

618 - 604 - 4573

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

Ring, Patricia, , ,

Mailing Address

547 State Rt 4

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

618 - 876 - 8071

Full Name of  
Designated  
Agent

Crocker, Karin, , ,

Mailing Address

106 Tessy Ln

Collinsville

IL

62234

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

618

604

4573

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.

CEFCU

Mailing Address

1254 University Dr.

Suite 100

Edwardsville

IL

62025

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲