

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MARK DAVIS FOR FLORIDA

ADDRESS (number and street) 11316 28TH ST CIR E

(Check if address is changed)

PARRISH CITY ▲ FL STATE ▲ 34219 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) mark.davis@maddogdem.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) markdavisforcongress.com

2. DATE 08 / 05 / 2025

3. FEC IDENTIFICATION NUMBER C C00914887

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

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

Type or Print Name of Treasurer GABRIEL, KEITH, , ,

Signature of Treasurer GABRIEL, KEITH, , , Date 06 / 11 / 2026

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.

5. TYPE OF COMMITTEE:

Candidate Committee:

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

Name of Candidate DAVIS, MARK, , ,

Candidate Party Affiliation NPA Office Sought: House Senate President State FL District 16

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

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

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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

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

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

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

- (g) This committee is an independent expenditure-only political committee (Super PAC).

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

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

1. _____

2. _____

Write or Type Committee Name

MARK DAVIS FOR FLORIDA

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 GABRIEL, KEITH, , ,

Mailing Address 5800 BEACH BLVD, STE 203-337

JACKSONVILLE

FL

32207

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 904 - 469 - 1598

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 GABRIEL, KEITH, , ,

Mailing Address 5800 BEACH BLVD, STE 203-337

JACKSONVILLE

FL

32207

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 904 - 469 - 1598

Full Name of Designated Agent

DAVIS, MARK, , ,

Mailing Address

11316 28TH ST CIR E

PARRISH

FL

34219

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Deputy Treasurer

Telephone number

904

469

1598

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.

FIFTH THIRD BANK

Mailing Address

38 FOUNTAIN SQUARE PLAZA

CINCINNATI

OH

45202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

PNC BANK

Mailing Address

300 FIFTH AVENUE

PITTSBURGH

PA

15222

CITY ▲

STATE ▲

ZIP CODE ▲