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FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

davesfriends

ADDRESS (number and street)

1103 South Peck Road

(Check if address  
is changed)

Independence

Mo

64056-1753

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

foc@davesfriends.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

dave.browningforcongress.us

COMMITTEE'S FAX NUMBER

816-587-1753

2. DATE

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

N

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 KIMBERLY J. JONES

Signature of Treasurer

Kimberly J. Jones

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

|                       |  |  |  |  |  |                                                                                                                 |                                 |
|-----------------------|--|--|--|--|--|-----------------------------------------------------------------------------------------------------------------|---------------------------------|
| Office<br>Use<br>Only |  |  |  |  |  | For further information contact:<br>Federal Election Commission<br>Toll Free 800-424-9530<br>Local 202-694-1100 | FEC FORM 1<br>(Revised 12/2007) |
|-----------------------|--|--|--|--|--|-----------------------------------------------------------------------------------------------------------------|---------------------------------|

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## 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

David R. Browning

Candidate Party Affiliation

LIB

Office Sought:

☒

House

Senate

President

State

MO

District

06

- (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

- (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 Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) 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.
- (h) 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. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C
5. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

davesfriends

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

## 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

Terresa V. Garner

Mailing Address

12715 S. GardnerOak GroveMo64075-1731

CITY

STATE

ZIP CODE

Title or Position

Secretary

Telephone number

888-1868-1354

## 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 TreasurerKIMBERLY J. JONES

Mailing Address

1103 South Peak RoadIndependenceMo64056-1753

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

888-1868-1354

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

## 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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                  |                                      |
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| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                           |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                                      |
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| <input type="checkbox"/> Postmark Illegible                                      |                                      |
| <input type="checkbox"/> No Postmark                                             |                                      |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                        |
| Next Business Day Delivery <input type="checkbox"/>                              |                                      |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                      |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                      |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                      |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked        |
| <i>[Signature]</i><br>PREPARER                                                   | <i>3/29/08</i><br>DATE PREPARED      |

(3/2005)

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