

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
Office Use Only

2009 OCT 28 AM 9:50
12FE4M5

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

COMMITTEE TO ELECT TIM DAVIS

ADDRESS (number and street)

PO BOX 10

(Check if address is changed)

BRANSON

MO

65615

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

campaign@timdavisforcongress.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.timdavisforcongress.com

(Check if address is changed)

2. DATE

10 / 27 / 2009

3. FEC IDENTIFICATION NUMBER

C

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 EDD AKERS, TREASURER

Signature of Treasurer *Edd Akers*

Date 10 / 27 / 2009

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.

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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 TIM DAVIS

Candidate Party Affiliation DEM. Office Sought: House Senate President State MO District 07

- (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.)

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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

COMMITTEE TO ELECT TIM DAVIS

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

NONE

Grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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.

MARILYN ATCHLEY, DEPUTY TREASURER

Full Name

Grid lines for full name

Mailing Address

Grid lines for mailing address: 14974 US HWY 160 -- SUITE 4 FORSYTH MO 65653

Title or Position

CITY

STATE

ZIP CODE

DEPUTY TREASURER

Grid lines for title or position

Telephone number

Grid lines for telephone number: 417-546-2850

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

EDD AKERS

Grid lines for full name of treasurer

Mailing Address

Grid lines for mailing address: PO BOX 1219 BRANSON MO 65615

Title or Position

TREASURER

Grid lines for title or position

Telephone number

Grid lines for telephone number: 417-334-5115

29030183895

Full Name of Designated Agent

MARILYN ATCHLEY

Mailing Address

14974 US HWY 160 -- SUITE 4

FORSYTH

CITY

MO

STATE

65653

ZIP CODE

Title or Position

DEPUTY TREASURER

Telephone number

417

546

2850

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.

OZARK MOUNTAIN BANK

Mailing Address

400 S. BUSINESS 65

PO BOX 130

BRANSON

CITY

MO

STATE

65615

ZIP CODE

Name of Bank, Depository, etc.

FIRST COMMUNITY BANK OF THE OZARKS

Mailing Address

15261 US HWY 160

FORSYTH

CITY

MO

STATE

65653

ZIP CODE

29030183896

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.

29030183897

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): UPS	Shipping Date 10/27/09
Next Business Day Delivery <input checked="" 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

PREPARER **DATE PREPARED**

EW **10/28/09**