



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission  
Office of the Secretary  
SEP 09 2020

## Statement of Committee Organization

1. **Statement Information**  
Date: 9/04/2020  
Type: ☐ New ☒ Amended (if amending, enter MEC ID c000447 & section changed 3)
2. **Committee Information**  
**FRIENDS OF GREGORY F. X. DALY**  
Name of Committee  
Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Official Committee Email Address \_\_\_\_\_ County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee  
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party
3. **Treasurer/Deputy Treasurer Information**  
Treasurer's Name (First & Last) \_\_\_\_\_ Treasurer's Email Address (optional) \_\_\_\_\_  
Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Treasurer's Home Telephone Number \_\_\_\_\_ Treasurer's Work Telephone Number \_\_\_\_\_  
**KATHY GAMACHE**  
Deputy Treasurer's Name (if one appointed) \_\_\_\_\_ Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
**4914 MICHIGAN, ST LOUIS, MO 63111** **(314) 353-6857** **(314) 613-3021**  
Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Dep. Treasurer's Home Telephone Number \_\_\_\_\_ Dep. Treasurer's Work Telephone Number \_\_\_\_\_
4. **Additional Committee Information**  
Additional Committee Officer's Name & Title (if any) \_\_\_\_\_ Additional Committee Officer's Mailing Address, City, State, & Zip \_\_\_\_\_  
Connected Organization's Name (if any) \_\_\_\_\_ Connected Organization's Mailing Address, City, State, & Zip \_\_\_\_\_  
CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No
5. **Official Bank Account Information (required by all committees)**  
Name & Mailing Address, City, State, & Zip of Financial Institution \_\_\_\_\_ Account Name \_\_\_\_\_ Account Number \_\_\_\_\_
6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**  
Name & Mailing Address, City, State & Zip of Candidate \_\_\_\_\_ Telephone Number (Candidate Committees Only) \_\_\_\_\_  
**Amendment**  
Election Date \_\_\_\_\_ Office Sought & Political Subdivision \_\_\_\_\_ Political Party \_\_\_\_\_ Support or Oppose \_\_\_\_\_
7. **Ballot Measure Supported or Opposed (campaign committees must complete this section)**  
Name of Ballot Measure \_\_\_\_\_ Election Date & Political Subdivision \_\_\_\_\_ Support or Oppose \_\_\_\_\_
8. **Signature(s) Check certification(s) & sign (required by all committees)**  
☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.  
Norman L. Fetterer \_\_\_\_\_ X Gregory F. X. Daly \_\_\_\_\_  
Committee Treasurer Candidate (Candidate Committees Only)