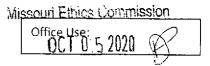


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: August 27, 2020			
	Type: New Amended (if amending, enter MEC ID	01099 & sectio	3 & 4)
2.	Committee Information			
	Name of Committee			
			()	
	Committee Mailing Address, City, State, & Zip		Telephone Num ber	
	Cfficial Committee Email Address	County Clerk, Board of Election Comm	nissioners, or Federal PAC/Out of State Commi	ittee
	Committee Type: $\ \square$ Campaign $\ \square$ Candidate $\ \square$ Continuing	(PAC) 🗆 Debt Service 🗀	Exploratory	1
3.	Treasurer/Deputy Treasurer Information			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	116920161 3 19910 119910 12994	()	()	
	Treasurer's Malling Address, City, State, & Zip Joan Bray	Treasurer's Home Telephone Number	Treasurer's Work Telephone Numbe	ar
	Deputy Treasurer's Name (if one appointed) 7166 Pershing Avenue, St. Louis MO 63130	Deputy Treasurer's Email Address (op , 314: 560-5767	stional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Nu	mber Dep. Treasurer's Work Telephone N	lumber
4	Additional Committee Information			Je my
ᅻ.	DELETE Joan Bray as additional committee officer	The state of the s	<u>att fill aan dett fill akke veli it je det natiek die fil</u>	***
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailin	ng Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Ad	cress, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee	e? 🛘 Yes (refer to instruction	ns on back} 🔲 No	
5.	Official Bank Account Information (required by all committees		Carried to the second	
	•			
_	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
Ь.	Candidate Supported or Opposed (candidate committees mus	t include self, if candidate)	The state of the s	1 . 4. 4. 4
	Name & Mailing Address, City, Same & Constitution ent	Telephone Number (Candidate Comn	nittees Only)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7				
/.	Ballot Measure Supported or Opposed (campaign committees	miner/combiere mie section		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s), & sign (required by all con	nmittees)		To the state of
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that an aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			
	Turtney acknowledge tracti an aware that any false statement o	a declaration made herein is	s punishable under Cn. 575 KS	IVIO.
	Sommittee Teasurer	Candydate (Candydate Committees O	nly)	
M	O 300-1308			Page 1 of

Packet (Rev. 10/2019)