

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

Statement of Committee Organization

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1.	Statement Information		
	Date: Nov 25, 2020	201145	. 6
<u>)</u> .	Type: New Amended (if amending, enter MEC ID Camending)	& section cha	anged)
	Name of Committee		()
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Cierk, Board of Election Commissions	
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (I	PAC) Debt Service Explo	oratory
} .	Treasurer/Deputy Treasurer Information		<u> </u>
	Treasurer's Name (First & Last)	Treasuror's Email Address (ontional)	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number,	Pro()
ļ.	Additional Committee Information		
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	Additional Committee of the First ament	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address: Connected Organization Con	City, State, & Zip
_	CANDIDATES: Do you have more than one candidate committee	? 🛘 Yes (refer to instructions on	back) 🗆 No
٥.	Official Bank Account Information (required by all committees)	<u> </u>	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
ĵ.	Candidate Supported or Opposed (candidate committees must	include self, if candidate) .	· · · · · · · · · · · · · · · · · · ·
	BRUCE SASSMANN 117 GRETTI Bland, MO 65014 Name & Mailing Address, City, State & Zip of Candidate	(573) 368-8393 Telephone Number (Candidate Committees	(Only)
	Ang Z, 2022 Reseason And 62 Election Date Office Bought & Political Subdivision	Republicas Political Porty	Support or appage
7.	Ballot Measure Supported or Opposed (campaign committees r	nust complete this section)	
	Name of Ballot Measure	Flection Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all com	mittees)	
	affirm and attest under penalty of perjury that information a		
/	further acknowledge that lam aware that any false statement or	declaration made herein is pur	nishable under Ch. 575 RSMo.
	Committee Treasurer Cassman	Candidate (Candidate Committees Only)	sman