

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

## Missouri Ethics Commission

## **Statement of Committee Organization**

Type:   New   Amended (if amending, enter MEC ID   & section changed   2, 6			The Property of the State of th		Statement Information Date: 11/29/20	1.
Nicole Galloway For Missouri  Namo of Committee PO Box 2115, St. Louis, MO 63158  314 440-7 Telephone Number  County Cerk, Beard of Election Commissioners, or Federal PAC/Out of 5 Committee Small Address Coptornal Treasurer's Maining Address, City, State, & Zep  Deputy Treasurer's Maining Address, City, State, & Zep  Connected Organization's Maining Address, City, State, & Zep  Connected Organizatio		2, 6 anged	& section cha	amending, enter MECID		
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Committee Type:   Campaign   Candidate   Continuing (PAC)   Debt Service   Exploratory   Politic    Treasurer/Deputy Treasurer Information   No Change    Treasurer's Manie (Fist & Last)   Treasurer's Email Address (optional)    Treasurer's Malling Address, City, State, & Zip   Treasurer's Home Telephone Number   Treasurer's Work Telephone Pumber   Treasurer's Mark (if one appointed)    Deputy Treasurer's Malling Address, City, State, & Zip   Deputy Treasurer's Email Address (optional)    Deputy Treasurer's Malling Address, City, State, & Zip   Deputy Treasurer's Home Telephone Number   Deputy Treasurer's Home Telephone		Telephone Number				
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Treasurer's Name (First & Last)  Treasurer's Mailing Address, City, State, & Zip  Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Mailing Address, City, State, & Zip  Additional Committee Officer's Mailing Address, City, State, & Zip  Connected Organization's Mailing Address, City, State, & Zip  CANDIDATES: Do you have more than one candidate committee?  CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)  No Change  Name & Mailing Address, City, State, & Zip of Francial Institution  Account Name  Account Mailing Address, City, State, & Zip of Francial Institution  Democrat  Support  Support  Political Party  Support or Oppose  Rame of Ballot Measure  Election Date & Political Subdivision  Support or Oppose  Election Date & Political Subdivision  Support or Oppose  Election Date & Political Subdivision  Support or Oppose	en grand and a	and the rays of the restriction of the se	The State of the American State of Stat	ormation		3.
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PO Box 2115, St. Louis, MO 63158  Name & Mailling Address, City, State & Zip of Candidate  8/2/22 State Auditor  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  Election Date & Political Subdivision  Support or Oppose		Account Number	ount Name	ncial Institution		
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■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and acc				•		
further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch.	5/5 RSMo.	ishable under Ch. 575	aration made herein is pun	vare that any false statement or d	further acknowledge that I am a	
Committee Treasurer Candidate Consmittees Only		Ly	ndidate/Candidate Committees Only	w/	Committee Fredsurer HULS	

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