

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Missouri Ethics Commission

Statement of Committee Organization

Date:	Statement Information		, , , , , , , , , , , , , , , , , , ,	
Committee Information Dottie Bailey for Missouri Ware of Committee P.O. Box 664 Eureka, MO 63025 St. Louis County (Rick Stream) and Familiane Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party Treasurer Nature (Fixe Visual Ask) William Hennessy Treasurer Nature (Fixe Stream) and Familiane County (Fixe S	Date: 2/9/21			_
Committee Information Dottie Bailey for Missouri Ware of Committee P.O. Box 664 Eureka, MO 63025 St. Louis County (Rick Stream) and Familiane Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party Treasurer Nature (Fixe Visual Ask) William Hennessy Treasurer Nature (Fixe Stream) and Familiane County (Fixe S	Type: 🗌 New 🗏 Ame	nded (if amending, enter MEC ID $\underline{-C1}$	80170 & section c	hanged <u>6</u>)
Remark of Committee P.O. Box 664 Eureka, MO 63025 G36 751-5131 Telephone Number				
P.O. Box 664 Eureka, MO 63025 Candidate Telegoner Number Telego	Dottie Bailey for Mis	ssouri		<u> </u>
St. Louis County (Rick Stream) and Franklin County(Tim Bake) St. Louis County (Rick Stream) and Franklin County(Tim Bake) County Clark, Search of disction Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party Treasurer/Deputy Treasurer Information				
St. Louis County (Rick Stream) and Franklin County(Tim Baker Committee times: Musical Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party Treasurer/Deputy Treasurer Information William Hennessy Treasurer Nating Address Extent Treasurer Nating Address Exploratory Political Party Treasurer's Nating Address Cat, State & Zip Continuing (PAC) Debt Service Exploratory Political Party Treasurer's Nating Address Cat, State & Zip Continuing (PAC) Debt Service Exploratory Political Party Treasurer's Nating Address Cat, State & Zip Continuing (PAC) Debt Service Exploratory Political Party Treasurer's Nating Address Cat, State & Zip Continuing (PAC) Debt Service Exploratory Political Party Treasurer's Nating Address Cat, State & Zip Continuing (PAC) Debt Service Exploratory Political Party Treasurer's Nating Address Cat, State & Zip Contented Organization's Nating Address Cat, State & Zip Connected Organization's Nating Address Cat, State & Zip of Candidate Committees Connected Organization's Nating Address Cat, State & Zip of Candidate Committees Connected Organization's Nating Address Cat, State & Zip of Candidate Committees Connected Organization's Nating Address Cat, State & Zip of Candidate Candidate				(<u>636)</u> 751-5131
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party Treasurer/Deptity Treasurer Information	**** Madine Address City State, & 7to		Chilania Carreta / Diale Chara	
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party	Ottoma Communication			
Treasurer's Name (First & Last) LEGICAL STATE A Last) Legical States, City, State, & Zip Deputy Treasurer's Maxing Address, City, State, & Zip Connected Organization's Name (if any) Connected Organization's Name (if any) Connected Organization's Name (if any) Connected Organization's Maxing Address, City, State, & Zip Connected Organiza				
William Hennessy Tressurer's Name (First & Last) Little EN 25 (Jew Contents of Name (First & Last) Deputy Tressurer's Mailing Address, City, State, & Zip Connected Organization's Name (if any) Connecte			/LWC/ C Dept Selvice C Ext	noracory — Political Party
Treasurer's Name (First & Last) Treasurer's Name (First) Treasurer's Name Telephone Number Treasurer's Name (First) Treasurer's Name Telephone Number Treasurer's Name Telephone Number Treasurer's Name Telephone Number Treasurer's Name (First) Treasurer's Name Telephone Number Treasurer's Name (First) Treasurer's Name Telephone Number Treasurer's Name Te		urer Information		
Treasurer's Mailing Address, City, State, & Zp Deputy Treasurer's Mailing Address, City, State, & Zp Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Name (if one appointed) Deputy Treasurer's More Telephone Number Deput				.,
Treasurer's Mailing Address, City, State, & Zip Deputy Treasurer's Name (if one appointed) Additional Committee Information Additional Committee Information Additional Committee Information Additional Committee Information Connected Organization's Nailing Address, City, State, & Zip Connected Organization's Mailing Address, City, State, & Zip Con	11 6 3	11-36		1100 4/8 - 4/1
Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Mark (if one appointed in the first of the property			Transport I and Talantan Muselin	<u> </u>
Dep. Treasurer's Most Telephone Number Additional Committee Information Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any) Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip CANDIDATES: Do you have more than one candidate committees: Candidate Supported or Opposed (candidate committees) Candidate Supported or Opposed (candidate committees) Candidate Supported or Opposed (candidate tommittees) Candidate	rreasurer 5 Mailing Address, City, State	(c) cit		11892gret 2 Mork Telebhoue ynumber
Additional Committee Information Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any) 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 Official Bank Account Information (required by all committees) Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey (636) 751-5131 (1) Telephone Number (Candidate Committees Only) Republican Support Support or Opposed Bailot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure Flection Date & Political Subdivision Support are Oppose 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-acc complete, true, and accurate. (Deputy Treasurer's Name (if one appoi	nted)	Deputy Treasurer's Email Address (options	il)
Additional Committee Information Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any) 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 Official Bank Account Information (required by all committees) Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey (636) 751-5131 (1) Telephone Number (Candidate Committees Only) Republican Support Support or Opposed Bailot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure Flection Date & Political Subdivision Support are Oppose 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-acc complete, true, and accurate. (•	()	()
Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip Connected Organization's Mailing Address, City, State, & Zip CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No Official Bank Account Information (required by all committees) Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey (636) 751-5131 Telephone Number (Candidate Committees Only) Name & Mailing Address, City, State & Zip of Candidate Republican Support Support or Opposed Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure 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-ace complete, true, and accurate. I	Deputy Treasurer's Mailing Address, Cit	ty, State, & Zio	Dep. Treasurer's Home Telephone Numbe	: Dep. Treasurer's Work Telephone Number
Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip Connected Organization's Mailing Address, City, State, & Zip CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No Official Bank Account Information (required by all committees) Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey (636) 751-5131 Telephone Number (Candidate Committees Only) Name & Mailing Address, City, State & Zip of Candidate Republican Support Support or Opposed Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure 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-ace complete, true, and accurate. I	Additional Committee In	formation		28
Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey Name & Mailing Address, City, State & Zip of Candidate State Representative Dist #110 Election Date Office Sought & Political Subdivision Political Party Support or Opposed (campaign committees must complete this section) Name of Bailot Measure Election Date & Political Subdivision Support or Oppose 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-ace complete, true, and accurate.	Additional Committee Officer's Name 8	& Title (if any)	Ad live al committee Officer's Mailing Ad	dress, City, State, & Zip
Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey Name & Mailing Address, City, State & Zip of Candidate State Representative Dist #110 Election Date Office Sought & Political Subdivision Political Party Support or Opposed (campaign committees must complete this section) Name of Bailot Measure Election Date & Political Subdivision Support or Oppose 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-ace complete, true, and accurate.		ANENDN		
Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey (636) 751-5131 Telephone Number (Candidate Committees Only) 8/2/22 State Representative Dist #110 Republican Support Election Date Office Sought & Political Subdivision Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure 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-ace complete, true, and accurate. I	Connected Organization's Name (if any		Connected Organization's Mailing Address	, City, State, & Zip
Candidate Supported or Opposed (candidate committees must include self, if candidate) Dottie Bailey Name & Mailing Address, City, State & Zip of Candidate 8/2/22 State Representative Dist #110 Republican Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure Election Date & Political Subdivision Support or Oppose 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-ace complete, true, and accurate. I				n back) 🗏 No
Dottie Bailey Name & Mailing Address, City, State & Zip of Candidate 8/2/22 State Representative Dist #110 Republican Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure 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-ace complete, true, and accurate. I	Official Bank Account Inf	formation (required by all committees	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Dottie Bailey Name & Mailing Address, City, State & Zip of Candidate 8/2/22 State Representative Dist #110 Republican Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure 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-ace complete, true, and accurate. I				
Dottie Bailey Name & Mailing Address, City, State & Zip of Candidate 8/2/22 State Representative Dist #110 Republican Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure 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-ace complete, true, and accurate. I				
Name & Mailing Address, City, State & Zip of Candidate 8/2/22 State Representative Dist #110 Republican Support Flection Date Office Sought & Political Subdivision Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure Election Date & Political Subdivision Support or Oppose 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-ace complete, true, and accurate. I	Candidate Supported or	Opposed (candidate committees mus	t include self, if candidate)	
State Representative Dist #110 Republican support Election Date Office Sought & Political Subdivision Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure Election Date & Political Subdivision Support or Oppose 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-ace complete, true, and accurate. I	Dottie Bailey		(636) 751-5131	()
Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure Election Date & Political Subdivision Support or Oppose Support or Oppose Support or Oppose I affirm and attest under penalty of perjury that information and facts in this report-ace complete, true, and accurate. I		Zip of Candidate	·	es Only)
Ballot Measure Supported or Opposed (campaign committees must complete this section) Name of Ballot Measure Election Date & Political Subdivision Support or Oppose 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-ace complete, true, and accurate. I	8/2/22	State Representative Dist #110	Republican	support
Name of Ballot Measure Election Date & Political Subdivision Support or Oppose 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-ace complete, true, and accurate. I	Election Date	Office Sought & Political Subdivision	Political Party	Support or Copose
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-ace complete, true, and accurate. I	Ballot Measure Supporte	ed or Opposed (campaign committees	must complete this section)	
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-ace complete, true, and accurate. I				- "
■ Laffirm and attest under penalty of perjury that information and facts in this report-ace complete, true, and accurate. I	Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
■ Laffirm and attest under penalty of perjury that information and facts in this report-ace complete, true, and accurate. I	Signature(s) - Check cert	tification(s) & sign (required by all con	nmittees)	•
	· · · · · · · · · · · · · · · · · · ·	- i		plete, true, and accurate 1
			1	
400 00 100	600 0	1.5	1	
Committee Treasurer Candidate (Candidate Committees Only)		ATPA	Candidate (Candidate Committees Only)	<u>/</u>