



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

MO Ethics Commission  
 MAY 19 2021

Rec'd by email

**1. Statement Information**

Date: 05/19/2021  
 Type:  New  Amended (if amending, enter MEC ID A171402 & section changed 2,3,5,6)

**2. Committee Information**

**Citizens to Elect Mike Wood**  
 Name of Committee  
455 Avery Street, Troy, Missouri 63379 (636) 2844808  
 Telephone Number  
 Official Committee Email Address \_\_\_\_\_  
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee  
**County Clerk**  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**Jesse Granneman**  
 Treasurer's Name (First & Last)  
4245 Brevator Rd. Moscow Mills, MO 63362  
 Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional) \_\_\_\_\_  
 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 \_\_\_\_\_ Dep. Treasurer's Work Telephone Number \_\_\_\_\_

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any) \_\_\_\_\_  
 Connected Organization's Name (if any) \_\_\_\_\_  
 Connected Organization's Mailing Address, City, State, & Zip \_\_\_\_\_

**AMENDMENT**

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 Candidate \_\_\_\_\_

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

**Mike Wood 455 Avery St., Troy, MO 63379**  
 Name & Mailing Address, City, State & Zip of Candidate \_\_\_\_\_  
 Telephone Number (Candidate Committees Only) \_\_\_\_\_  
 Prosecuting Attorney, Lincoln County **Republican** **Support**  
 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.

Jesse Granneman Mike Wood  
 Committee Treasurer Candidate (Candidate Committees Only)