A232851



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

Missouri Office Copymission FEB 0'9 2023

Statement of Committee Organization

1.	Statement Information		
	Date: 2/7/23		
	Type: New 🗆 Amended (if amending, enter MEC ID	& section changed	
2.	Committee Information	,	
	Vote TURNBAUGH		
	Name of Committee SOLIE 133 rd Terracy Grandy Committee Mailling Address City County 25	1ew Mo (64030	(36)806~1111
		holeson	reseptione (dutibe)
	Official Committee Email Address	County Clerk, Board of Election Commission	ers, or Federal PAC/Out of State Committee
	Committee Type: $\ \square$ Campaign $\ \square$ Candidate $\ \square$ Continuing (P	AC) 🗆 Debt Service 🗆 Expl	oratory 🔲 Political Party
3.	Treasurer/Deputy Treasurer Information		
	Thomas Hoppe		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	· · · · · · · · · · · · · · · · · · ·
	Treasurer's Mailing Address, City, State, & Zip	(816) (116 8/8) 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.	Ádditional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	Tity, State, & Zip
	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)	. (
	 .		1001
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Annette m Then 3HU 6H SCHE 133-d Ter Grandview Mo 64030	(816)8061111	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	
	# 4-4-2023 Wilderman Orand View Office Sought & Political \$400 division	Democral Political Party	Support or Oppose
_		·	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) - Check certification(s) & sign (required by all comm	nittees)	
	I affirm and attest under penalty of perjury that information an	•	ete true and accurate !
	further acknowledge that I am aware that any false statement or o		

MO 300-1308 Packet (Rev. 1/2021)