



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

A171402

MO Ethics Commission

Office Use: 1 4 2023
 Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 2/14/2023
 Type: New Amended (if amending, enter MEC ID A171402 & section changed 3)

2. Committee Information

Name of Committee _____
 Committee Mailing Address, City, State, & Zip _____ Telephone Number _____
 Official Committee Email Address _____ County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Michael Wood
 Treasurer's Name (First & Last)
455 Avery Street, Troy, Missouri 63379
 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) _____
 Additional Committee Officer's Mailing Address, City, State, & Zip Amendment
 Connected Organization's Mailing Address, City, 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)

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

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

Name & Mailing Address, City, State & Zip of Candidate _____ Telephone Number (Candidate Committees Only) _____
 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.
Michael L. Wood _____ Michael L. Wood _____
 Committee Treasurer Candidate (Candidate Committees Only)

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