

C081024



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-523-4506, helpdesk@mec.mo.gov

MO Ethics Commission

AUG 3 2023

Statement of Committee Organization

Rec'd by email

1. **Committee Information**

Date: 8/3/2023
Type: [] New [x] Amended (if amending, enter MEC ID C081024 & section changed 3)

2. **Committee Information**

Citizens for Hoskins
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**

JEFF FLORIDA
Treasurer's Name (First & Last)
Treasurer's Email Address (optional)
P.O. Box 118, Warrensburg, MO 64093 (660) 238-2035 (660) 238-2035
Treasurer's Mailing Address, City, State, & Zip
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**

Amendment
Additional Committee Officer's Name & Title (if any)
Additional Committee Officer's Mailing Address, City, State, & Zip
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) [x] 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 certifications & sign (required by all committees)**

[x] 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.
Committee Treasurer
Candidate (Candidate Campaign Only)

X