

C180071



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

MO Ethics Commission
Office Use:
SEP 01 2023
Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 08/31/2023
Type: [] New [x] Amended (if amending, enter MEC ID c180071 & section changed 16)

2. Committee Information

Citizens for Baker
Name of Committee
PO Box 122 Robertsville, MO 63072 (636) 575-9609
Telephone Number
Official Committee Email Address
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [] Campaign [x] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Tim Davis
Treasurer's Name (First & Last)
PO Box 462 St Clair, MO 63077
Treasurer's Mailing Address, City, State, & Zip
(314) 267-5786
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
Deborah L Baker
Deputy Treasurer's Name (if one appointed)
5050 Calvey Creek Rd, Robertsville, MO 63072
Deputy Treasurer's Mailing Address, City, State, & Zip
(636) 222-1190
Dep. Treasurer's Home Telephone Number
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

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

Amendment

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [x] No

5. Official Email Address Information (required by all committees)

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

Tim Baker, 5050 Calvey Creek Rd Robertsville, MO 63072 (636) 575-9609
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08-06-2024 Lieutenant Governor 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.

Committee Treasurer [Signature] Candidate (Candidate Committees Only) [Signature]