

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

Missouri Emics Commission Office Use: OCT 1,8 2023

Statement of Committee Organization

1.	Statement Information	and the second of the second of the second
	Date: $\frac{10/3/2023}{}$	
	Type: New Manual (if amending, enter MEC ID	12/4 & section changed
2.	Committee Information	
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	Name of Committee	REUTIE
	_ 1.0. Dox 319, IMD	erial MO 314, 852-0231
	Committee Mailing Address, City, State, & Zip	211 al 110 Pt 852-0231
		Jeannie Goff
		County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	AC) 🗌 Debt Service 🖺 Exploratory 🖺 Political Party
3.	Treasurer/Deputy Treasurer Information	
	_ Renee Restr	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
	Treasurer's Mailing Address, City, State, & Zip	(314 852 02361)
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	
	Departy Treasurer 3 Name (it 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
	Additional Committee Information	Sep. Headard 3 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
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	\square Yes (refer to instructions on back) \square No
	omera came recount information frequired by air committees)	
_		- n!
6.	Candidate Supported or Opposed (candidate committees must, i	nclude self, if candidate)
		(B)314-852-0436)
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)
	Election Date Office Sought & Political Subdivision	112 Republion Suppose
_		Political Party Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees me	ust complete this section)
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
8.	Signature(s) - Check certification(s) & sign (required by all comm	ittees)
	\Box I affirm and attest under penalty of perjury that information and	facts in this report are complete, true, and accurate.
	further acknowledge that I am aware that any false statement of d	eclaration made perein is punishable under Ch. 575 RSMo.
	La sex Jon	- Le
	Committee Treasurer	Candidate (Candidate Committees Only)
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