

C211722



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

Missouri Ethics Commission

DEC 11 2023 Office Use:

Statement of Committee Organization

1. Statement Information

Date: 10/24/2023
Type: New Amended (if amending, enter MEC ID C211722 & section changed 2 & 3)

2. Committee Information

Buffaloe for Mayor
Name of Committee
1020 E Walnut Ste, Ste 203. Columbia, MO 65201
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

David Brown
Treasurer's Name (First & Last)
1020 E Walnut Ste, Ste 203. Columbia, MO 65201
Treasurer's Mailing Address, City, State, & Zip
Barbara Buffaloe
Deputy Treasurer's Name (if one appointed)
1020 E Walnut Ste, Ste 203. Columbia, MO 65201
Deputy 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 Email Address (optional)
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
Connected Organization's Mailing Address, City, State, & Zip

Amendment

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
Election Date
Office Sought & Political Subdivision
Political Party
Support or Oppose
Telephone Number (Candidate Committees Only)

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

Candidate (Candidate Committees Only)