

C081024



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City, MO 65102, Fax: 521-526-4505, info@mecc.mo.gov

MO ELEC STATE DIVISION  
Office 05  
SEP 16 2024  
Record by email

# Statement of Committee Organization

## 1. Statement Information

Date: 08/09/2024  
Type:  New  Amended (If amending, enter MEC ID: C081024 & section changed 6)

## 2. Committee Information

Name of Committee: CITIZENS FOR HOSKINS  
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

Treasurer's Name (First & Last): \_\_\_\_\_ Treasurer's Email Address (optional): \_\_\_\_\_  
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: \_\_\_\_\_

Amendment

## 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: \_\_\_\_\_  
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: 11/05/2024 Telephone Number (Candidate Committee Only): \_\_\_\_\_  
SECRETARY OF STATE REPUBLICAN  
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: [Signature] \_\_\_\_\_