

Packet (Rev. 1/2021)

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

## Statèment of Committee Organization

Missouri Ethics Commission Office Use:

JAN 24 2025

Received by Email

1.	1. Statement Mormator: Date: 01・24・25		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C2	11722	nanged 6-election, date
2.	Complified a formation		
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	Buffaloe for Mayor Name of Committee		
	1020 E Walnut St., suite 203, Colu	mbin, MO 65201	15731 289 2781
	Committee Mailing Address, City, State, & Zip	······································	Telephone Number
	· .		
	Official Committee Email Address		ers, or Federal PAC/Out of State Committee
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Explorat			oratory
3,	Treasurer/Deputy Treasurer Information	W. STEPPE SPICE PROPERTY AND A STEPPE SPICE SPIC	484.48
	David Brown	* ** * * * * * * * * * * * * * * * * *	•
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	1020 E Walnut St., Suite 203, como Treasurer's Mailing Address, City, State, & Zip	(573) 814-2375	(
	Balbara Buffaloe	Teaseurade Homa Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed) USE	Deputy Treasurer's Email Address (optional)	***************************************
	717 Hillip Drive columbia MO 65201	(573) 289 2781	1573) 874.7222
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4,	Additional Committee Information		MHCO
	A B A Trong B I From SA 12 House D I House		
	Additional Committee Officer's Name 8 ATTA TO THE STATE OF THE STATE O	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cl	
E	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	eack) 🗷 No
J.	Official Bank Recount Information (required by all committees)		Charles and the second second
			•
			.÷
6.	Candidate Supported or Opposed (candidate committees must if	nclude self, if candidate)	<b>AUTHOR</b>
	Barbara Buffaloe, 717 Hilliop Dr Columbia, 100	(573) 289 2781	()
	Name & Malling Address, City, State & Zip of Candidate 04.08.2025 Mayor of Columbia	Telephone Number (Candidate Committees O	niy)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
y	Rallet Manager Connected as Connected Connected Connected	·	
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			· · · · · · · · · · · · · · · · · · ·
	Name of Bailot Measure	Election Date & Political Subdivision	E. I.
o	Secretary Charles at Illeriant Section Control (1994)		Support or Oppasa
8. Signature(s) — Check certification(s) & sign (required by all committees)  XI I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further/acc nowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			<b>美国</b> 联系列的 化图像设施 经收益 全线
			ete, true, and accurate. I
	of the fact of the characteristic of de	action made herein is puni	shable under Ch. 575 RSMo.
		DHOMA BI	Maloe
٠ ١	V /	Candidate (Candidate Committees Only)	
NO:	100-1308		' 1