



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO91089

OFFICE USE ONLY
68 17

STATEMENT DATE <u>4-10-09</u>		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <u>CITIZENS TO ELECT DON GOSEN</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: CITY/STATE/ZIP:				5. TELEPHONE NUMBER	
<u>2765 KEHRS MILL RD CHESTERFIELD MO 63017</u>				<u>(314) 409-2466</u>	
6. TREASURER'S NAME <u>WILLARD DOOG</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY/STATE/ZIP:				8. TELEPHONE NUMBER HOME: WORK:	
<u>542 EAGLES NEST CT WILDWOOD MO 63011</u>				<u>(636) 449-0260</u>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>DON GOSEN</u>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
<u>2765 KEHRS MILL RD CHESTERFIELD MO 63017</u>				<u>(314) 409-2466</u>	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME					
<u>COMMERCE BANK 16303 TRUMAN RD ELLISVILLE MO 63005</u>				<u>CITIZENS TO ELECT DON GOSEN</u>	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
<u>DON GOSEN</u>		<u>2765 KEHRS MILL RD CHESTERFIELD MO 63017</u>		<u>(314) 409-2466</u> <u>REPUBLICAN</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE					
<u>DON GOSEN</u>		<u>9/07/10</u>		<u>STATE REPRESENTATIVE 84th DISTRICT</u>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.	
<u>Willard Doog</u> TREASURER'S SIGNATURE				<u>Don Gosen</u> CANDIDATE'S SIGNATURE	

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APR 13 2009
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