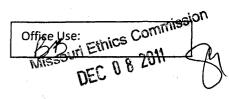


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



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1.	Statement Information		
	Date: [2-6-20]]	and the second of the second o	and the state of t
	Type: New Managed (if amending, enter MEC ID COS	<u>1089</u> & section cha	anged <u>3, 6</u>
2.	Committee Information		
	CITIZENS TO ELECT DON GOSEN		
	2765 KEHRS MILL RD, CHESTERFIELD Committee Mailing Address, City, State, & Zip	LO MO, 63017	(314)409-2466 Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	hers
	Committee Type: Campaign Candidate Debt Service	Exploratory Political A	ction (PAC) Political Party
3.	Treasurer/Deputy Treasurer Information		
	EDWARD VOUGHT	A STATE OF THE PROPERTY OF THE	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
i	16759 MAINST. STE 213 WILDWOOD MO Treasurer's Mailing Address, City, State, & Zip 63040	(573) 268 – 7547 Treasurer's Home Telephone Number	(573) 268-7547 Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		1	1 \
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Malling Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	pack) No
5.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.			
<u>ن</u> .	Candidate Supported or Opposed (candidate committees must in		
Ł	Marie & Mailing Address, City, State & Zip of Candidate CHESTERF & Bun M. CHESTERF & Bun M. CAY 7)() Telephone Number (Candidate Committees O	()
	STATE REP - 101 ST Diffice Sought & Political Subdivision	REPUBLICAN Political Party	SSPPORT Support or Oppose
7	Dallat Massaure Commented on One and Januarian annual transfer	ert complete this costion	
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commi	ttees)	
,			
 ☐ I/We certify that this statement is complete, true and accurate. ☐ e-Filers: This committee is required by law to file with the MEC and will file all future campaign finance repo MEC's electronic filing system. 			finance reports using the
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