



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

Office Use: JE

# Statement of Committee Organization

**1. Statement Information**

Date: 4/26/12  
 Type:  New  Amended (if amending, enter MEC ID C091089 & section changed 3)

**2. Committee Information**

Name of Committee: CITIZENS TO ELECT DON GOSBA  
 Committee Mailing Address, City, State, & Zip: 2765 KEHRS MILL RD CHESTERFIELD MO 63017 Telephone Number: \_\_\_\_\_  
 Official Committee Email Address: \_\_\_\_\_  
 County Clerk or Board of Election Commissioners: St. Louis County  
 Committee Type:  Campaign  Candidate  Debt Service  Exploratory  Political Action (PAC)  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): JEANNE GOSBA  
 Treasurer's Mailing Address, City, State, & Zip: 2765 KEHRS MILL RD CHESTERFIELD MO 63017  
 Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Home Telephone Number: (636) 391-1292 Treasurer's Work Telephone Number: \_\_\_\_\_  
 Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 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): \_\_\_\_\_  
 Additional Committee Officer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 Connected Organization's Name (if any): **AMENDMENT**  
 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: \_\_\_\_\_  
 Telephone Number (Candidate Committees Only): \_\_\_\_\_  
 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/We certify that this statement is complete, true and accurate.  
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

Jeanne Gosba  
 Committee Treasurer

Don Gosba  
 Candidate (Candidate Committees Only)