



Office Use:

Statement of Committee Organization

1. Statement Information

Date: 01-07-2013
 Type: New Amended (if amending, enter MEC ID C091089 & section changed 2, 3, 6)

2. Committee Information

Name of Committee: CITIZENS TO ELECT DON GOSEN
 Committee Mailing Address, City, State, & Zip: 2448 TAYLOR RD, WILDWOOD MO 63040 Telephone Number: ()

Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): JEANNE GOSEN Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 2448 TAYLOR RD, WILDWOOD MO 63040 Treasurer's Home Telephone Number: (636) 391-1292 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: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): _____ Additional Committee Officer's Mailing Address, City, State, & Zip: AMENDMENT
 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: _____ Telephone Number (Candidate Committees Only): _____
 Election Date: 08-05-2014 Office Sought & Political Subdivision: STATE REP-101ST 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: Jeanne M. Gosen Candidate (Candidate Committees Only):