



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

Office Use: ge

Statement of Committee Organization

1. Statement Information

Date: 02/19/13

Type: ☐ New ☒ Amended (if amending, enter MEC ID C121012 & section changed 3 + 6 + B)

2. Committee Information

Name of Committee: Friends of Travis Fitzwater

Committee Mailing Address, City, State, & Zip

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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): Michael L. West

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip: 1740 Ashley Ct. Fulton, MO 65251

Treasurer's Home Telephone Number: 573-642-3899

Treasurer's Work Telephone Number: (573) 676-8237

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

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Dep. Treasurer's Home Telephone Number

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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)

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: Travis Fitzwater, 1838 Pinnacle Point, Holtz Summit, MO 65043

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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 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.

Michael L. West
Committee Treasurer

MISSOURI ETHICS COMMISSION

Travis Fitzwater
Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION