



Office Use: *BB De*

# Statement of Committee Organization

## 1. Statement Information

Date: 05/14/2014

Type:  New  Amended (if amending, enter MEC ID C141327 & section changed \_\_\_\_\_)

## 2. Committee Information

Montee For Missouri

Name of Committee

P.O. Box 8656 St. Joseph, MO 64508

(816) 3871630

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

Russell Purvis

Treasurer's Name (First & Last)

P.O. Box 127 St. Joseph, MO 64502

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

Treasurer's Email Address (optional)

( )  
Treasurer's Home Telephone Number

(816) 364-1650

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

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

Financial Institution

ACCOUNT NAME

ACCOUNT NUMBER

## 6. Candidate Supported or Opposed

Susan Montee

Name & Mailing Address, City, State & Zip of Candidate

(816) 387-1630

Telephone Number (Candidate Committees Only)

8/2/2016

Election Date

Statewide Office

Office Sought & Political Subdivision

Democratic

Political Party

Support

Support or Oppose

## 7. Ballot Measure Supported or Opposed

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

## 8. Signature(s) Check certification(s) & sign

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.

*[Signature]*  
Committee Treasurer

*[Signature]*  
Candidate (Candidate Committees Only)