

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

Office Use:	3 22
-------------	------

Statement of Committee Organization

1.	Statement Information	· 《明···································
	Date:	
2.	Type: New Amended (if amending, enter MEC ID Committee Information	A Section Control of the Control of
	Citizans for Pocky	m. 110-
	Name of Committee	or will have the first of the second of
	Committee Mailing Address, City, State, & Zip	Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commissioners
d	Committee:Type	Exploratory: Political Action (PAC): Political Party:
3.	Treasurer/Deputy Treasurer Information	NO.
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number 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
1	Additional Committee Information	a to the second of the second
₩.		
	Additional Committee Office / Name a Tibe (tank)	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)
5.	Official Bank Account Information (required by all committees)	
j.		
5.	Name & Mailing Address, City, State: & Zip of Financial Institution Candidate Supported or Opposed (candidate committees must i	Account Name Account Number
t,	Miller, P.O. Box 1633, Lake Ozerk, Mo Name & Mailing Address, City, State & Zip of Candidate 65049	(minus)
26	Name & Mailing Address, City, State & Zip of Candidate 650 49	Telephone Number (Candidate Committees Only)
	Election Date S/2/16 St-te Represent	Political Party Support or Oppose
7. ⁻	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
2	Signature(s) Check certification(s) & sign (required by all comm	
۱ .	Signature(s)	· · · · · · · · · · · · · · · · · · ·
	e-Filers: This committee is required by law to file with the MEC	
3	MEC's electronic filing system.	Commission
	Committee Treasurer	Candidate (Candidate Committees Only)