



Office Use: *BB* *J*

# Statement of Committee Organization

**1. Statement Information**

Date: 4/21/2015

Type:  New  Amended (if amending, enter MEC ID C111091 & section changed 2, 6)

**2. Committee Information**

Nicole Galloway for Missouri

Name of Committee

115 Crestmere Avenue, Columbia, MO 65203

Committee Mailing Address, City, State, & Zip

(573) 442-6709

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)

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

**4. Additional Committee Information**

**AMENDMENT**

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)**

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Nicole Galloway, 115 Crestmere Avenue, Columbia, MO 65203

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

(573) 442-6709

Telephone Number (Candidate Committees Only)

8-7-2018

Election Date

State Auditor

Office Sought & Political Subdivision

Democrat

Political Party

Support

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.

*Nancy Kleibon*  
Committee Treasurer

*Nicole Galloway*  
Candidate (Candidate Committees Only)