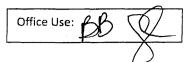


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

-1	Statement Information		
	Date: 5/11/2015	11091 8	-h
2	Type: New Amended (if amending, enter MEC ID C111091 & section changed 2, 3, 6) Committee Information		
2	Nicole Galloway for Missouri		
	Name of Committee		
	PO Box 11723, St. Louis, MO 63105		()
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commi	issioners
	Committee Type: 🗸 Campaign 🔲 Candidate 🔲 Continuing	g (PAC) Debt Service Ex	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Mike Pridmore		<u> </u>
	Deputy Treasurer's Name (if one appointed) PO Box 11723, St. Louis, MO 63105	(314) 440-7509	(314) 440-7509
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	Sec. 1	
٦,	AREFRIDATERIT		
	Additionar Committee Officer's stante & Bitlefit and	Additional Committee Officer's Mailing A	ddress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Addres	City Carte 9 7in
	- "	Profilerers	Control
5.	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committee		on back) No
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees mus	st include self, if candidate)	
	Nicole Galloway, PO Box 11723, St. Louis, MO 63105	()	()
	Name & Mailing Address, Clty, State & Zip of Candidate	Telephone Number (Candidate Committe	es Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7	Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
	ballot Wicasare Supported of 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 con	nmittees)	
	■ I affirm and attest under penalty of perjury that information	and facts in this report are com	plete, true, and accurate. I
/	urther acknowledge that I em aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
(1/aury /////	100, C. H.	\mathcal{M}
	Committee Treasurer	Candidate (Candidate Committees Only)	
	300-1308	riginal signature(s), fax filings a	Page 1 of 3

Packet (Rev. 11/2014)