



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

Office Use: BB [Signature]

Statement of Committee Organization

1. Statement Information

Date: 5/11/2015
 Type: New Amended (if amending, enter MEC ID C111091 & section changed 2, 3, 6)

2. Committee Information

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 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
Mike Pridmore
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Mailing Address, City, State, & Zip
PO Box 11723, St. Louis, MO 63105
 Deputy Treasurer's Home Telephone Number Deputy Treasurer's Work Telephone Number
(314) 440-7509 (314) 440-7509

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)

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)

Nicole Galloway, PO Box 11723, St. Louis, MO 63105
 Name & Mailing Address, City, State & Zip of Candidate 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.
[Signature] Committee Treasurer
[Signature] Candidate (Candidate Committees Only)