



Missouri Ethics Commission (MEC)

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

Office Use: DB JE

Statement of Committee Organization

1. Statement Information

Date: 2-18-16
Type: New Amended (if amending, enter MEC ID C091089 & section changed 6)

2. Committee Information

Name of Committee: CITIZENS TO ELECT DON GOSEN
Committee Mailing Address, City, State, & Zip: 2448 TAYLOR RD, WILLOWOOD MO 63040 Telephone Number: (314) 409-2466
Official Committee Email Address: _____
County Clerk or Board of Election Commissioners: ST. LOUIS COUNTY
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

Additional Committee Officer's Name & Title (if any): AMENDMENT 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)

Name & Mailing Address, City, State & Zip of Candidate: 2448 TAYLOR RD, WILLOWOOD MO 63040 Telephone Number (Candidate Committees Only): (314) 409-2466
Election Date: 08/07/2018 Office Sought & Political Subdivision: STATEWIDE OFFICE Political Party: REPUBLICAN 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.

Committee Treasurer: [Signature] Candidate (Candidate Committees Only): [Signature]