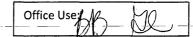


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
Date: 2-18-16			ing the second section of the second section sec
	Type: New Amended (if amending, enter MEC ID	>91089 & section ch	anged <u>6</u>)
2.	Committee Information		
	CITIZENS TO ELECT DON GO	ose~	
		ma (3440)	13141/109 7411
	Committee Mailing Address, City, State, & Zip	MO 63040	(314) 409-2466 Telephone Number
		S7. Louis Cou	N74
	Official Committee Email Address Committee Type: Campaign Candidate Continuing (F		
_	,	PAC) Debt Service Expi	oratory 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		
		A. Inc	C) 0 2 2
	Additional Committee Officer's Names affice fit any	Additional Committee Officer's Mailing Address	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on I	back) No
5.	Official Bank Account Information (required by all committees)		
		•	•
	Name & Mailing Address. City. State. & 7in of Financial Institution	Account Name	Account Number
•	Candidate Supported or Opposed (candidate committees must		
2٤	148 TAYLOR RO, WILOWOOD MO 63046 Vame & Malling Address, City, State & Zip of Candidate	314) 409-2466 Telephone Number (Candidate Committees C	() Only)
	(18/07/2018 STATEWIDE OFFICE	REPUBLICAN	
ī	lection Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			
		Charles Day 9 Delisted Caledian	
	lame of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all committees)			
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.			
ا	M		and and an or a normal
;	Haure M. Dose	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.