



Office Use: bb g

Statement of Committee Organization

1. Statement Information

Date: 3/17/2016
 Type: New Amended (if amending, enter MEC ID C151004 & section changed 3)

2. Committee Information

De Ashcroft for Missouri
 Name of Committee

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

Gene McNary
 Treasurer's Name (First & Last) Treasurer's Email Address (optional) _____
3 Watch Hill, Ladue MO 63124
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number (314) 989-1170 Treasurer's Work Telephone Number ()
Katherine Ashcroft
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional) _____
12138 Mirror Lake Dr
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number (314) 416-8724 Dep. Treasurer's Work Telephone Number ()

4. Additional Committee Information

Additional Committee Officer's Name (First & Last) _____ Additional Committee Officer's Mailing Address, City, State, & Zip _____
AMENDMENT
 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 _____ 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.
Gene McNary Committee Treasurer John R. Ashcroft Candidate (Candidate Committees Only)