

## Missouri Ethics Commission (MEC)

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

Office Use:

## **Statement of Committee Organization**

1	Statement Information		
1.	Date: 05/16/2016		
	Type: New Memory Amended (if amending, enter MEC ID C	141327 & section c	hanged 6
2.			
	Montee For Missouri		
	Name of Committee		0.40 007 4000
	P.O. Box 8656, St. Joseph, MO 64508		<u>(816)</u> 387-1630
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Omeni condinica 2	County Clerk or Board of Election Commis	sioners
	Committee Type: Campaign Candidate Continuin	g (PAC) Debt Service Exp	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Russell Purvis		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	P.O. Box 127, St. Joseph, MO 64502	( )	<sub>(</sub> 816 <sub>)</sub> 364-1650
	Treasurer's Malling 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 (optiona	al)
		/	, , , , , , , , , , , , , , , , , , ,
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	r Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		·
	Additional Committee Officer's Name & Title (if any)	Additional Committee of Cost's Arithm Ad	ement
		7 (11104)	CHICH
	Connected Organization's Name (If any)	Connected Organization's Mailing Address	, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	Nos (nofente instructions of	Lasta Zana
5.	Official Bank Account Information	eer res (refer to instructions or	i back) Line NO
٠.	Official Datin Account Information		
	Marine & Marining Address, City, State, & Zip or Financial Institution	Account Name	
6.	Candidate Supported or Opposed		:
	Susan Montee	<sub>(</sub> 816 <sub>)</sub> 387-1630	( )
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	s Only)
	08/07/2018 Statewide Office	Democratic	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign		
	■ 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 mage herein is punishable under Ch. 575 RSI		
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	WW 171	Me K.M.	onkep
	Committee Treasurer	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.