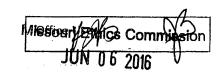


## Missouri Ethics Commission (MEC)

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



## **Statement of Committee Organization**

1	Date: 05/05/16		
	Type: New Amended (if amending, enter MEC ID A/C	6/388 & section ch	nanged)
2		All Parks of the Control of the Cont	
	Name of Committee		·
	2501 St. Lows Aug 2nd 11.	63120 CONSUMO	BT05-11/11/12
	Committee Mailing Address, City, State, & Zip		Telephone Number .
	Unicial Committee Email Address	unty Clerk or Board of Election Commissi	
. •	Committee Type: Campaign Candidate Continuing (F	PAC) Debt Service Exp	loratory Political Party
3.			
	Treasurer's Name (First & Last)  Stants	Treasurer's Email Address (optional)	<b>—</b> •••
	Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	461	[N]	
	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)	Additional Committee Officer's Mailing Addr	ress; City, State, & Zip
	AVA	4/4	
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, C	/
5.	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)	Yes (refer to instructions on	back) LV No
	; , , , , , , , , , , , , , , , , , , ,	Account Name	Account realises.
6.	Candidate Supported or Opposed (candidate committees must i	include self, if candidate)	
	Name & Mailling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)
	Election Date  Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mo	ust 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.		
	rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Committee Treasurer	Candidate (Candidate Committees Only)	