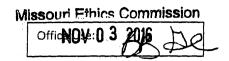


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1	Statement Information		
	Date: 10/15/16	E4000	7
	Type: New Amended (if amending, enter MEC ID C151082 & section changed 7		
2.			
	New Approach Missouri		
	PO Box 190201		( )
	Committee Mailing Address, City, State, & Zip		Telephone Number
	St. Louis, MO 63119  Official Committee Email Address	County Clerk or Board of Election Commis	ssioners
	Committee Type: V Campaign Candidate Continuing	g (PAC) Debt Service Ex	ploratory 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
	1100000 0 110000 0 1111000 0 2 p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (options	al)
	David Tarabas Addition of the Color of Tarabas Associated Associat	()  Dep. Treasurer's Home Telephone Numbe	( ) er Dep. Treasurer's Work Telephone Number
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Heasurer's nome receptione reunion	ALLER OF THE STATE
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Ad	Idress, City, State, & Zip
	AWFNIMFNI		,
	Connected Organization's Name (If any)	Connected Organization's Mailing Address	, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	e? Yes (refer to instructions or	n back) No
5.	Official Bank Account Information (required by all committees	5)	
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account manners
5.	Candidate Supported or Opposed (candidate committees mus	t include self, if candidate)	
	Name & Malling Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committee:	s Only)
		, .	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
	Medical Marijuana	November 2018	Support
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
	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 ed are that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	2/11/1/V		
	Committee Teasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014)