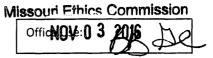


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 10/15/16 Type: Amended (if amending enter MEC ID C151082 8 section changed 7		
	Type. New Amended (if amending, enter MEC ID	3 1 U 6 2	hanged /
2.	New Approach Missouri		
	PO Box 190201		()
	St. Louis, MO 63119		Telephone Number
	Official Committee Email Address Committee Type: Campaign Candidate Continuing	County Clerk or Board of Election Commiss (PAC) Debt Service Exp	panne
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	1)
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	BLACES BY FORCE STATE PRODUCT BY BUILDING SECTION		describe Charles 9. Zin
	Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any)	Additional Committee Officer's Mailing Additional Committee Officer's Mailing Address	
	CANDIDATES: Do you have more than one candidate committee		-
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 mus	t include self, if candidate)	
	:	()	()
	Name & Mailing 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 com		
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I rther acknowledge than I amary are that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Committee	Candidate (Candidate Committees Only)	

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