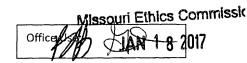


## Missouri Ethics Commission (MEC)

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



## **Statement of Committee Organization**

1.	Statement Information	
	Date: 1/1/2017  Type: □ New ■ Amended (if amending, enter MEC ID c081	024 & section changed 6
2.	Committee Information	a section thangeu
	Citizens for Hospins	
	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 (F	
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)
	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 Address, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)	☐ Yes (refer to instructions on back) ☐ No
	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)
	Denny Hoskins, P.O. Box 118, Warrensburg, MO 64093  Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees Only)
	8/4/2020 State Senator-21	Republican
	Election Date Office Sought & Political Subdivision	Political Party Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
8.	Signature(s) Check certification(	ittees)
	■ I affirm and attest under penalty of perjury that information and	
	further acknowledge that I am aware that any false statement or c	leclaration made herein is punishable under Ch. 575 RSMo.
	Committee Treasurer	Candibate (Cangidate Committee Vonly)
140	200 4200	inal signature of the filling one and account of

MO 300-1308

Form must be completed in full & contain original signature(s), fax filings are not accepted.

Packet (Rev. 12/2016)