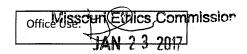


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

| 1.   | Statement Information  |  |   |
|--|--|--|---|
|  | Date: ///8//   | 1393   | 3 · ·   |
|  | Type: ☐ New ☐ Amended (if amending, enter MEC ID C / C                   | & section ch                                   | anged   |
| 2.   |  | MISSOUR1                                       |   |
|  | Name of Committee  617 NF LAKE POINTE                                    | 10   | G/ G22 FF2                                    |
|  | 617 NE LAKE POINTE   | JIC<br>LEES SUMAIT 6406                        | 86 872 - 557<br>Y <sup>Telephone Number</sup> |
|  | Official Committee Email Address   | County Clerk or Board of Election Commission   | oners .                                       |
|  | Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P.                  | •  | oratory         Political Party               |
|  |  | AC) Debt Service D Expir                       | oratory Dirontical Party                      |
| 3.   | Treasurer/Deputy Treasurer Information                                   |  |   |
|  | JENNIFER J. SNIDER   | Treasurer's Email Address (optional)           |   |
|  | 1305 N. AZTEC AVE  | (816) 716-8238                                 | ()  |
|  | Treasurer's Mailing Address, City, State, & Zip  LND EPENDENCE, 40 64056 | 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     |
| ١.   | Additional Committee Information   |  |   |
|  |  |  |   |
|  | Additional Committee Officer's Name & Title.(if any)                     | Additional Committee Officer's Mailing Address | ess, City, State, & Zip                       |
|  | Connected Organization's Name (if any)                                   | Connected Organization's Mailing Address, C    | ity, State, & Zip                             |
|  | CANDIDATES: Do you have more than one candidate committee?               | ☐ Yes (refer to instructions on t              | oack) 🗆 No                                    |
| •  | Official Bank Account Information (required by all committees)           |  |   |
|  | Name & Mailing Address, City, State, & Zip of Financial Institution      | Account Name                                   | Account Number                                |
|  | Candidate Supported or Opposed (candidate committees must in             | nclude self, if candidate)                     |   |
|  | Name & Mailing Address, City, State & Cip of Candidates                  | Telephone Number (Candidate Committees C       | Only)   |
|  | Election Date Office Sought & Political Subdivision                      | Political Party                                | Support or Oppose                             |
| <b>'</b> .   | Ballot Measure Supported or Opposed (campaign committees mu              | ust complete this section)                     |   |
|  | Name of Ballot Measure   | Election Date & Political Subdivision          | Support or Oppose                             |
| 3. Signature(s) Check certification(s) & sign (required by all committees) |  |  |   |
|  | I affirm and attest under penalty of perjury that information and        |  | ete, true, and accurate                       |
| \  | further acknowledge that I am aware that any false statement or de       |  | l f   |
| /  | Les Dillich  | Mer  | Tak-  |
|  | Committee Treasurer  | Candidate (Candidate Committees Only)          |   |

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature (s), fax filings are not accepted.