



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

Office Use: *MS*
 Missouri Ethics Commission

JAN 23 2017

Statement of Committee Organization

1. Statement Information

Date: 1/18/17
 Type: New Amended (if amending, enter MEC ID C151082 & section changed 2,3,5 & 7)

2. Committee Information

New Approach Missouri
 Name of Committee
2025 Zumbahl Road, #291, St. Charles, MO 63303 (314) 422-3617
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Charles County
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Paul Bocci
 Treasurer's Name (First & Last)
502 Chesapeake Ct., St. Charles, MO 63303
 Treasurer's Mailing Address, City, State, & Zip
John Payne
 Deputy Treasurer's Name (if one appointed)
3505 Illinois Ave, St. Louis, MO 63118
 Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)
 Treasurer's Home Telephone Number (314) 422-3617
 Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional)
 Dep. Treasurer's Home Telephone Number (573) 718-3073
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name (Optional) AMENDMENT
 Additional Committee Officer's Mailing Address, City, State, & Zip
 Connected Organization's Name (if any)
 Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate
 Telephone Number (Candidate Committees 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 IP 2018-051 **Nov 2018; Statewide** **Support**
 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. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Paul Bocci
 Committee Treasurer Candidate (Candidate Committees Only)