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

## Office Use:

MISSOURI ETHICS COMMISSION

## **Statement of Committee Organization**

HAND DELIVERED

Statement Information  Date: 07/12/2017		
Type: New Amended (if amending, enter MEC ID C	\$121012 & section	changed <u>6&amp;3</u>
Committee Information Friends for Travis Fitzwater		
PO BOX 694 Fulton, MO 65251		(573)416-2604
Official Committee Email Address	County Clerk or Board of Election Comm	nissioners
Committee Type: ■ Campaign □ Candidate □ Continui	ng (PAC) 🗌 Debt Service 🔲 E	xploratory
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
Benjamin Chism	i	
719 Hollyhock Dr Fulton, MO 65251	(573 \416-2604	,
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Num	ber Dep. Treasurer's Work Telephone Number
Additional Committee Information		
Additional Committee Office of Name & Tale in any)	Additional Committee Officer's Mailing Address, City, State, & Zip	
Connected Organization's Name (if any)	Connected Organization's Mailing Addre	ess, City, State, & Zip
CANDIDATES: Do you have more than one candidate commit	the state of the s	on back) 📕 No
Official Bank Account Information (required by all committe	ees)	
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
Candidate Supported or Opposed (candidate committees ma	ust include self, if candidate)	
Travis Fitzwater 1838 Pinnacle Point Holts Summit, MO 65043	645 <b>-</b> 2283 645	_ ()
Name & Mailing Address, City, State & Zip of Candidate  08–07–2018  State Representative-49th District	Telephone Number (Candidate Committe Republican	
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
D-11-100		
Ballot Measure Supported or Opposed (campaign committee	es must complete this section)	
lame of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all co	ommittees)	
I affirm and attest under penalty of perjury that information	•	•
further acknowledge that I am aware that any false statement	or declaration made berein is p	unishable under Ch. 575 RSMo.
Bent:	I have the	at