



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

Missouri Ethics Commission

Office AUG 14 2017 DL

Statement of Committee Organization

1. Statement Information

Date: 8/10/17
 Type: New Amended (if amending, enter MEC ID C171222 & section changed _____)

2. Committee Information

Missouri First
 Name of Committee
205 E. Capitol Ave., Ste. 100, Jefferson City, MO 65101
 Committee Mailing Address, City, State, & Zip
(573) 634-8760
 Telephone Number

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Cheri Gibson
 Treasurer's Name (First & Last)
205 E. Capitol Ave., Ste. 100, Jefferson City, MO 65101
 Treasurer's Mailing Address, City, State, & Zip
(573) 896-5883
 Treasurer's Home Telephone Number
(573) 634-8760
 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

Andrea Webb
 Additional Committee Officer's Name & Title (if any) _____
16141 Swingley Ridge Rd., Ste. 110, Chesterfield, MO 63017
 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)

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.
Cheri Gibson
 Committee Treasurer Candidate (Candidate Committees Only)