



Missouri Ethics Commission (MEC)
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

~~Missouri Ethics Commission~~
 Office Use: **OCT 18 2017**
 T171595

A171402

1. Statement Information

Date: 10/13/2017
 Type: New Amended (if amending, enter MEC ID A171402 & section changed _____)

2. Committee Information

Citizens to Elect Mike Wood
 Name of Committee
1246 ELM TREE COMMONS CT MOSCOW MILLS, MO 63362
 Committee Mailing Address, City, State, & Zip
(636) 284-4808
 Telephone Number
Lincoln County Clerk
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jesse Granneman
 Treasurer's Name (First & Last)
4685 Brandes Rd. Moscow Mills, MO 63362
 Treasurer's Mailing Address, City, State, & Zip
(314) 910-9504
 Phone 1
636-528-4910
 Phone 2
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional)
 Phone 1
 Phone 2

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
 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)

<u>Michael Wood 1246 ELM TREE COMMONS CT MOSCOW MILLS, MO 63362</u> Name & Mailing address, City, State, & Zip of Candidate	<u>(636) 284-4808</u> Phone 1	<u>(636) 284-4808</u> Phone 2
<u>11/06/2018</u> Election Date	<u>Prosecuting Attorney/Lincoln County</u> Office Sought & Political Subdivision	<u>Republican</u> Political Party
<u>8/7/18</u>		<u>Support or Oppose</u>

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)

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.
[Signature]
 Committee Treasurer
[Signature]
 Candidate (Candidate Committees Only)