



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

MISSOURI ETHICS COMMISSION

Office Use: [Signature] DEC 28 2017 [Signature]

HAND DELIVERED

1. Statement Information

Date: 12-14-17

Type: [] New [x] Amended (if amending, enter MEC ID C151004 & section changed 2,3)

2. Committee Information

Ashcroft for Missouri

Name of Committee

PO Box 1554, Jefferson City, MO 65102

Committee Mailing Address, City, State, & Zip

() 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

GENE McNARY
Treasurer's Name (First & Last)

14370 SPYGLASS CT CHESTERFIELD MO 63017
Treasurer's Mailing Address, City, State, & Zip

(314) 786-5417
Treasurer's Home Telephone Number

(314) 914-1411
Treasurer's Work Telephone Number

Lindsay Roepe
Deputy Treasurer's Name (if one appointed)

714 Hobbs Rd., Jefferson City, MO 65109
Deputy Treasurer's Mailing Address, City, State, & Zip

(573) 429-9370
Dep. Treasurer's Home Telephone Number

() Dep. Treasurer's Work Telephone Number

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

AMENDMENT

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)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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.

Gene McNary
Committee Treasurer

John R Ashcroft
Candidate (Candidate Committees Only)