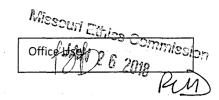


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1.	Statement Information	
	Date: 1 2 18 Type: ✓ New ☐ Amended (if amending, enter MEC ID	8 0 0 5 1 & section changed)
2.	Committee Information VCRI HINSON SCHOOL BC Name of Committee	sard l'ampaign
	5001 Fawn Circle Imperia	MO 63052 636,212-0949 Telephone Number
	Official Committee Email Address— Committee Type: □ Campaign Candidate □ Continuing (Pa	County Clerk or Board of Election Commissioners AC) Debt Service
3.		
٥.	Janico Zavadil	▼.
,	Treasurer's Name (First & Last) 1913 Reduced Treasurer's Mailing Address, City, State, & Zip 1913 Reduced Treasurer's Mailing Address, City, State, & Zip	Treasurer's Email Address Joptional) — (314) 191-0222 (
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
	Deputy Treasurer's Mailing Address, City, State, & Zip	(
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
√ 5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	☐ Yes (refer to instructions on back) ☐ No
, 10.2		
Ψ6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)
	Vicki Hanson 5001 tawn Cir. Imperial Name & Mailing Address, City, State & 21p of Candidate	(636) 212 694 9 () Telephone Number (Candidate Committees Only)
	4/3/2018 School board member Office Sought & Political Subdivision Fox C-3 District	NP Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ttees)
	□ I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or default. □ arrive M, Pavadel	
	Committee Treasurer	Augusta leanoidate committees omil

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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