



Missouri Ethics Commission (MEC)

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

Missouri Ethics Commission

Office Use:

FEB 13 2018

Statement of Committee Organization

1. Statement Information

Date: 1-31-2018

Type: [X] New [] Amended (if amending, enter MEC ID C180071 & section changed)

2. Committee Information

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mail

Name of Committee: Baker/ Clerk Citizens For Baker

Committee Mailing Address, City, State, & Zip: P.O. Box 122, 5050 Calvey Creek Rd, Robertsville MO 63072

Telephone Number: (636) 575-9609

County Clerk or Board of Election Commissioners: Debbie Door

Committee Type: [] Campaign [X] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Tim Davis

Treasurer's Email Address (optional):

Treasurer's Mailing Address, City, State, & Zip: PO Box 462 St. Clair MO 63077

Treasurer's Home Telephone Number: (314) 267-5786

Treasurer's Work Telephone Number:

Deputy Treasurer's Name (if one appointed): Deborah Baker

Deputy Treasurer's Email Address (optional):

Deputy Treasurer's Mailing Address, City, State, & Zip: 5050 Calvey Creek Rd Robertsville MO 63072

Dep. Treasurer's Home Telephone Number: (636) 222-1190

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:

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [X] 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: Tim Baker 5050 Calvey Creek Rd, Robertsville MO 63072

Telephone Number (Candidate Committees Only): (636) 575-9609

Election Date: 08-07-2018

Office Sought & Political Subdivision: Franklin County Clerk

Political Party: Republican

Support or Oppose: Support

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)

[X] 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.

Committee Treasurer: [Signature]

Candidate (Candidate Committees Only): [Signature]