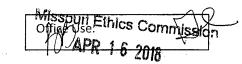


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1. Statement Information			
	Type: ☐ New ☐ Amended (if amending, enter MEC ID	212 & section cha	6
2.	Committee Information	& section the	
Ţis	w		rander (1886) er egre (en en degad). Geografia
	Name of Committee		
	Committee Mailing Address, City, State, & Zip		() Telephone Number
			•
. *	Official Committee Email Address	County Clerk or Board of Election Commissio	
·	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P.	AC) 🗌 Debt Service 🗀 Explo	oratory L Political Party
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		(·)	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	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		
	Additional Committee Officer's Name & Intellif anyl)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	pack) 🗆 No
5.	Official Bank Account Information (required by all committees)		
	·		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
14.00	Candidate Supported or Opposed (candidate committees must in No Change	nclude self, if candidate) , no change	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	
	8-4-2020 Statewide	no change	no change
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
4	Signature(s) Check certification(s) & sign (required by all comm	esta difference de la composición de l	
	I affirm and attest under penalty of perjury that information and		ete true and accurate
	further acknowledge that I am aware that any false statement or d		
	Matthe Steelen de	Todal &	
	Committee Treasurer	Candidate (Candidate Committees Only)	