

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

Missouri Ethics Commission

Statement of Committee Organization

1.	Statement Information	
	Date: 4 16 18	0 V VC 1
	Type: New Amended (if amending, enter MEC ID 1	8 OOS I & section changed O
2.	Committee Information	No change - cand. 4/24/
~	Name of Committee	1 5000 100 Stering - Carta . 4724
	5001 Fawn Circle IMPER	ial MO 63052 (636-212-094
	Committee Mailing Address, City, State, & Zip	Telephone Number
	·	County Clerk or Board of Election Commissioners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party
3.	Treasurer/Deputy Treasurer Information	
	Jance Zavadil	
	1913 Rodinary Dr.	314791-D222
1	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 Malling 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 & Title (if any)	Additional Committee Officers Malling Address Days Street St Zip
	Additional Committee Officer's Name & Title (If any)	Additional dominates of property and a superior and
	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)	
F	Conditions	
1. 1.	THAMA WATER AND THE TOTAL IN THE TERMINATION OF THE PROPERTY O	11(02H /-12-1)7144()
۰, ۰	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)
1	Election Date Office Sought & Political Subdivision	Political Party Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)
	Sanot Measure Supported of Opposed (campaign committees in	idst 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	nittees)
	\square I affirm and attest under penalty of perjury that information an	
	further acknowledge that I am aware that any false statement or o	declaration made herein is punishable under Ch. 575 RSMo.
	Complite Treasurer	Candidate (Candidate Committees Only)
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