



Statement of Committee Organization

1. Statement Information

Date: 6/1/18
 Type: New Amended (if amending, enter MEC ID C171127 & section changed 3, 7)

2. Committee Information

Name of Committee: We Are Missouri
 Committee Mailing Address, City, State, & Zip: 227 Jefferson St
 Telephone Number: (573) 634-2115
 County Clerk or Board of Election Commissioners: Missouri Ethics Commission
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Thomas George
 Treasurer's Mailing Address, City, State, & Zip: 227 Jefferson St
 Deputy Treasurer's Name (if one appointed): Mike Pridmore
 Deputy Treasurer's Mailing Address, City, State, & Zip: 5114 Chateaus Bluff Dr. St. Louis, MO 63111
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: ()
 Treasurer's Work Telephone Number: (573) 634-2115
 Deputy Treasurer's Home Telephone Number: (314) 440-7509
 Deputy Treasurer's Work Telephone Number: (573)

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): _____
 Connected Organization's Name (if any): _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 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)

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
_____	<u>()</u>	_____	_____	_____	_____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: Proposition A
 Election Date & Political Subdivision: 8/7/18 Statewide
 Support or Oppose: 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.

Committee Treasurer: Thomas George
 Candidate (Candidate Committees Only): _____