



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

Missouri Ethics Commission

Office MAY 02 2018

Statement of Committee Organization

1. Statement Information

Date: 04/30/2018

Type: ☐ New ☒ Amended (if amending, enter MEC ID A180336 & section changed _____)

2. Committee Information

Committee to Re-elect Camille Johnston, Camille Johnston Treasurer

Name of Committee

1203 Dukes Circle, Richmond MO 64085

(660) 909-9970

Telephone Number

Official Committee Email Address

Glenda Powell

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Camille Johnston

Treasurer's Name (First & Last)

1203 Dukes Cir, Richmond MO 64085

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(660) 909-9970

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 & 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)

Camille A Johnston

Name & Mailing Address, City, State & Zip of Candidate

1203 Dukes Circle
Richmond, MO 64085

(660) 909-9970

Telephone Number (Candidate Committees Only)

8/17/2018

Election Date

Prosecuting Attorney, Ray County

Office Sought & Political Subdivision

Republican

Political Party

Support

Support or Oppose

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)

☒ 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

Candidate (Candidate Committees Only)