



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

Office Use JUL 23 2018 BB [signature]

Statement of Committee Organization

1. Statement Information

Date: 7/20/2018

Type: New Amended (if amending, enter MEC ID C041296 & section changed 5)

2. Committee Information

Name of Committee _____

Committee Mailing Address, City, State, & Zip _____

(_____) Telephone Number _____

Official Committee Email Address _____

County Clerk or Board of Election Commissioners _____

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory 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 & 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) 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 _____

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.

Nancy Stofche
Committee Treasurer

Candidate (Candidate Committees Only)