



Missouri Ethics Commission
 Office Use:
 OCT 05 2018 *Me*

Statement of Committee Organization

1. Statement Information

Date: 10/3/2018
 Type: New Amended (if amending, enter MEC ID C151082 & section changed 2,3,4,7)

2. Committee Information

New Approach Missouri

Name of Committee
3505 Illinois Ave St Louis MO 63118
 Committee Mailing Address, City, State, & Zip
Saint Louis, MO 63118
 Telephone Number (314) 422-3617

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____

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

*Del
 del by
 phone
 per fax
 10/3/18*

3. Treasurer/Deputy Treasurer Information

Paul Bocci
 Treasurer's Name (First & Last)
PO Box 1600 Lake Ozark MO 65049
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(314) 422-3617 (573) 460-6024
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number

John Payne
 Deputy Treasurer's Name (if one appointed)
3505 Illinois Ave, St. Louis MO 63118
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional) _____
(573) 718-3073 (573) 718-3073
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 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)

See Attached Listing
 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.

Paul Bocci
 Committee Treasurer Candidate (Candidate Committees Only)