

Office L **NOV 26 2018** *fm*



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

Statement of Committee Organization

1. Statement Information

Date: 11/16/2018
Type: New Amended (if amending, enter MEC ID A161548 & section changed 6)

2. Committee Information

Sam Bushman for Presiding Commissioner
Name of Committee
236 East High Street / Jefferson City, MO 65101
Committee Mailing Address, City, State, & Zip
(573) 634-7267
Telephone Number

Board of Election Commissioners
County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Lyle S Rosburg
Treasurer's Name (First & Last)
1801 Scruggs Lane / Lohman, MO 65053
Treasurer's Mailing Address, City, State, & Zip
NA
Deputy Treasurer's Name (if one appointed)
NA
Deputy Treasurer's Mailing Address, City, State, & Zip

(573) 893-8573
Treasurer's Home Telephone Number
(573) 635-6196
Treasurer's Work Telephone Number
NA
Deputy Treasurer's Email Address (optional)
(NA)
Dep. Treasurer's Home Telephone Number
(NA)
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Amendment
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)

Name & Mailing Address

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Samuel L. Bushman IV
Name & Mailing Address, City, State & Zip of Candidate
08/02/2022
Election Date
Presiding Commissioner County of Cole, MO
Office Sought & Political Subdivision
(573) 634-7267
Telephone Number (Candidate Committees Only)
Republican
Political Party
Support
Support or Oppose

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

NA
Name of Ballot Measure
NA
Election Date & Political Subdivision
NA
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.

[Signature]
Committee Treasurer
Samuel M. Bushman
Candidate (Candidate Committees Only)