



Statement of Committee Organization

1. Statement Information

Date: 11-26-2018
 Type: New Amended (if amending, enter MEC ID C180227 & section changed 6)

2. Committee Information

Name of Committee: Pollitt for House of Representatives
 Committee Mailing Address, City, State, & Zip: 2900 Katy Trail Ave. Sedalia MO 65301 Telephone Number: (660) 221-7633
 Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: Pettis
 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: Amendment
 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)

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: _____ Account Number: _____

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

Bradley Pollitt 2900 Katy Trail Ave (660) 221-7633 (660) 221-3708
 Name & Mailing Address, City, State, & Zip of Candidate: Sedalia MO 65301 Telephone Number (Candidate Committees Only): _____
August 4, 2020 State Representative Republican Support
 Election Date: _____ Office Sought & Political Subdivision: 32nd District 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.

Pamela S. Moon _____ Bradley Pollitt _____
 Committee Treasurer Candidate (Candidate Committees Only)