



Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 12/12/18

Type: [ ] New [ ] Amended (if amending, enter MEC ID C111091 & section changed 6)

2. Committee Information

Name of Committee: Nicole Galkway For Missouri

Committee Mailing Address, City, State, & Zip: PO Box 11723 St. Louis, MO 63105

Telephone Number: (573) 340-3327

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Nancy Wilson

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip: 3704 Shadow Glen Ct Columbia, MO 65203

Treasurer's Home Telephone Number: (573) 875-8501

Treasurer's Work Telephone Number: ( )

Deputy Treasurer's Name (if one appointed): Mike Padmore

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip: 5114 Chestnut's Bluff Dr St. Louis, MO 63111

Dep. Treasurer's Home Telephone Number: ( )

Dep. Treasurer's Work Telephone Number: (314) 440-7509

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)

Name, State, & Zip of Financial Institution

Account Name

Account Number

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

Name & Mailing Address, City, State & Zip of Candidate: Nicole Galkway 505 W. Stewart Dr Columbia, MO 65203

Telephone Number (Candidate Committees Only): (573) 340-3327

Election Date: 8/18/22

Office Sought & Political Subdivision: State Auditor

Political Party: Democrat

Support or Oppose: Support

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)

[x] 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 signature

Candidate signature