



Statement of Committee Organization

1. Statement Information

Date: 12/2/18
 Type: New Amended (if amending, enter MEC ID C171127 & section changed 2, 7)

2. Committee Information

Name of Committee: We Are Missouri
 Committee Mailing Address, City, State, & Zip: 227 Jefferson St Jefferson City, MO 65101 Telephone Number: (314) 440-7509
 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): Thomas George Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 227 Jefferson St Jefferson City, MO 65101 Treasurer's Home Telephone Number: () Treasurer's Work Telephone Number: (573) 634-2115
 Deputy Treasurer's Name (if one appointed): Mike Palmer Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: 5114 Chestnut 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: Amendment

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)

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: Initiative Petition 2020-02, 2020-03, 2020-04 and/or 2020-05 Election Date & Political Subdivision: 11/3/2020 Support or Oppose: Support

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.
 Committee Treasurer: [Signature] Candidate (Candidate Committees Only): _____