



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

Office Use
 DEC 11 2018

Statement of Committee Organization

1. Statement Information

Date: 12-9-18
 Type: New Amended (if amending, enter MEC ID C 160170 & section changed _____)

2. Committee Information

Name of Committee: DOTTIE BAILEY FOR MISSOURI
 Committee Mailing Address, City, State, & Zip: P.O. BOX 664 EUREKA, MO 63025 Telephone Number: (636) 751-5131

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): WILLIAM HENNESSY
 Treasurer's Mailing Address, City, State, & Zip: 848 LEGENDS VIEW DR EUREKA MO 63025
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (636) 346-1966 Treasurer's Work Telephone Number: _____

Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: _____ Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): _____
 Connected Organization's Name (if any): _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: Amendment
 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: DOROTHY (DOTTIE) BAILEY 6605 MERAMELL EUREKA, MO 63025 Telephone Number (Candidate Committees Only): (636) 751-5131
 Election Date: AUG 2020 Office Sought & Political Subdivision: MO STATE REP DISTRICT #110 Political Party: REPUBLICAN 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.

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