



Statement of Committee Organization

1. Statement Information

Date: 12/3/2018
 Type: New Amended (if amending, enter MEC ID C180071 & section changed #2 & #6)

2. Committee Information

Citizen's for Baker

Name of Committee
P.O. Box 122 Robertsville MO 63072 (636) 575-9609
Committee Mailing Address, City, State, & Zip Telephone Number

Debbie Door
Official Committee Email Address County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Tim Davis
Treasurer's Name (First & Last)
P.O. Box 462 St Clair, MO 63077
Treasurer's Mailing Address, City, State, & Zip
(314) 267-5786 ()
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deborah L Baker
Deputy Treasurer's Name (if one appointed)
5050 Calvey Creek Rd Robertsville MO 63072
Deputy Treasurer's Mailing Address, City, State, & Zip
(636) 222-1190 ()
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
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)

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

Tim Baker 5050 Calvey Creek Rd Robertsvil (636) 575-9609 ()
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08-02-2022 Franklin County Cl Republican Support
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 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.

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