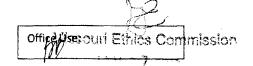


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1.	tatement Information ate: 12/21/18		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C1112	nged 6	
2.	mmittee Information		
	Citizens for Pocky Mi,	1/a_	
	Name of Committee		,
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	
	Committee Type:	·	
3.	Treasurer/Deputy Treasurer Information		
٠.	Steven Hermann	TO THE THE THE STATE STATE OF THE PERSON OF THE STATE OF T	ASSESSMENT AND ADDRESS OF A SECOND ASSESSMENT AND ASSESSMENT ASSESSMENT AND ADDRESS OF A SECOND ASSESSMENT ASS
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	410 S Glenwood Ave Columbia, MU 65203 Treasurer's Mailing Address, City, State, & Zip	(573) 746 · 1099 Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	September 7 trains (if one appointed)	()	()
	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 Addre	ss, City, State, & Zip
	Connected Organization's Name (if ani)	Connected Organization's Mailing Address, C	ry, State, & Zip
	CANDIDATES. Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	ack) 🗆 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 in Rocky Miller, PO Box 393, Osage Beach, MO 65065	The state of the s	
	Name & Mailing Address, City, State & Zip of Candidate	(573) 216-6506 Telephone Number (Candidate Committees C	()
	8/9/20122 Statewide	Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commi	ttees)	
	■ 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 RSM		
	In Osc		
Committee Treasurer		Candidate (Candidate Committees Only)	