



Statement of Committee Organization

1. Statement Information

Date: 12/21/18
 Type: New Amended (if amending, enter MEC ID C111214 & section changed 6)

2. Committee Information

Name of Committee: Citizens for Rocky Miller
 Committee Mailing Address, City, State, & Zip: _____ Telephone Number: ()
 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

Treasurer's Name (First & Last): Steven Hermann
 Treasurer's Mailing Address, City, State, & Zip: 410 S Glenwood Ave, Columbia, MO 65203
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (573) 746-1099
 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): _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): AMFENDM
 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 & 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: Rocky Miller, PO Box 393, Osage Beach, MO 65065
 Election Date: 8/9/2012
 Office Sought & Political Subdivision: Statewide
 Telephone Number (Candidate Committees Only): (573) 216-6506
 Political Party: Republican
 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)

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]