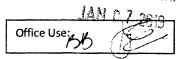


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

| 1. | Statement Information | | |
|----|--|--|---|
| | Date: C111145 6 | | |
| | Type: New Amended (if amending, enter MEC ID | & section ch | anged) |
| 2. | Committee Information | A A CALL OF A CALL AND A SHAPE | and the second second |
| | Name of Committee | | |
| | | | () |
| | Committee Mailing Address, City, State, & Zip | | Telephone Number |
| | Official Committee Email Address | County Clerk or Board of Election Commissi | oners |
| | Committee Type: Campaign Candidate Continuing | (PAC) Debt Service Exp | loratory Political Party |
| 3. | Treasurer/Deputy Treasurer Information | | |
| | Treasurer's Name (First & Last) | Treasurer's Email Address (optional) | |
| | reason shalle (risk & Lasy) | (optional) | () |
| | Treasurer's Mailing Address, City, State, & Zip | Treasurer's Home Telephone Number | Treasurer's Work Telephone Number |
| | Deputy Treasurer's Name (if one appointed) | Deputy Treasurer's Email Address (optional |) |
| | | () | () |
| | 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 a Title III a and | Additional Committee Officer's Mailing Add | ress, 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 | | back) No |
| 5. | Official Bank Account Information (required by all committee | s) | 经农民的基础的 |
| | | | |
| c | Name & Mailing Address, City, State, & Zip of Financial Institution | Account Name | Account Number |
| 6. | Candidate Supported or Opposed (candidate committees mus | st include self, if candidate) | CONTRACTOR OF THE PROPERTY OF |
| | Name & Mailing Address, City, State & Zip of Candidate | Telephone Number (Candidate Committees | Only) |
| | 8/4/2020 State Senate | Outlined Outline | Europe Constant |
| _ | Election Date Office Sought & Political Subdivision | Political Party | Support or Oppose |
| /. | Ballot Measure Supported or Opposed (campaign committees | s must complete this section) | 2000年2000年2000年 |
| | Name of Ballot Measure | Election Date & Political Subdivision | Support or Oppose |
| 8. | Signature(s). Check certification(s) & sign (required by all con | nmittees) | |
| | 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 of | or declaration made herein is pui | nishable under Ch. 575 RSMo. |
| | hisa Heuneyer | | |
| | Committee Treasurer | Candidate (Candidate Committees Only) | |

MO 300-1308 Packet (Rev. 11/2014)