C000070

Missouri Ethics Commission

Office Use: JAN 08 2019

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: September 18, 2018 C000070

Type: ☐ New ■ Amended (if amending, enter MEC ID C00070 & section changed 3)

2. **Committee Information**

4th Congressional District Democratic Committee
Name of Committee

P.O. Box 767 Peculiar, M O 64078 (816) 806-3669
Committee Mailing Address, City, State, & Zip / Telephone Number

County Clerk or Board of Election Commissioners

mw per Chair.

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

3. **Treasurer/Deputy Treasurer Information**

Erich Arvidson
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

24578 Cutter Court, Booneville, MO 65233
Treasurer's Mailing Address, City, State, & Zip

(573) 318-6978 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**

Patricia L. Lear-Johnson, Chair
Additional Committee Officer's Name & Title (if any)

P.O. Box 767 Peculiar, MO 64078
Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

Amendment

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

( ) Telephone Number (Candidate Committees Only)

( )

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.

Committee Treasurer

Candidate (Candidate Committees Only)

MO 300-1308
Packet (Rev. 12/2016)

Form must be completed in full & contain original signature(s), fax filings are not accepted.