



JAN 11 2019

Statement of Committee Organization

1. Statement Information

Date: 1/9/2019

Type: New Amended (if amending, enter MEC ID C171304 & section changed 6)

2. Committee Information

Name of Committee: Citizens to elect Lisa Middlebrook

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) _____

Treasurer's Email Address (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) Amendment _____

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 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)

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)

| | | | |
|---|---|------------------------------------|-------------------------------------|
| <u>Lisa Middlebrook</u> Name & Mailing Address, City, State & Zip of Candidate | <u>1551 Hornsby St. Lewis MO 63147</u> | <u>(314) 428-2569</u> | <u>()</u> |
| <u>3-5-2019</u> Election Date | <u>Alderman 2nd ward</u> Office Sought & Political Subdivision | <u>Democrat</u> Political Party | <u>Support</u> 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.

Lisa Middlebrook
Committee Treasurer

Lisa Middlebrook
Candidate (Candidate Committees Only)