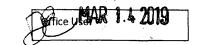


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	te: 3/8/19		
	Type: ☐ New ☐ Amended (if amending, enter MECID C1710)68 & section cha	inged 3
2.	Committee Information		
	Varie of Committee		
)		<i>(</i>)
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information	Profile in with a derivative for the in-	regal in the confliction Planeting and College
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	r 1
	Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Heather Grote	<u> </u>	
	Deputy Treasurer's Name (If one appointed) 28 N. 8th St. Suite 317 Columbia, MO 65201	(573 \2567060	.572 .2567060
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	(573)2567060 Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	ter de filosofie (filosofie) profeso, establista e	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	see City State & Zin a
	· · · · · · · · · · · · · · · · · · ·	Amen	ament
	Connected Organization's Name (if any)	Connected Organization's Malling Address, Cl	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	pack) 🗆 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 i	nclude self, if candidate)	State of February States 1, 31
	No 9 Mailles Address City Chats 9 To of Condidate	() Telephone Number (Candidate Committees C)
	Name & Mailing Address, City, State & Zip of Candidate	Telebuode Multiper (caudioate committees c	ony)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	man and the second
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	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.		
	further acknowledge that I am aware that any false statement or d	eclaration made herein is puni	shable under Ch. 575 KSMo.
	Stemany knoche	/ 5/	
	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.

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