



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

Office Use

Statement of Committee Organization

1. Statement Information

Date: 9-19-2019
Type: ☒ New ☐ Amended (if amending, enter MEC ID C190984 & section changed _____)

2. Committee Information

Name of Committee: Fogle for Missouri
Committee Mailing Address, City, State, & Zip: 1325 E. University, Springfield MO 65804
Telephone Number: (417) 576-6440

Greene County
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): Thomas Prater
Treasurer's Mailing Address, City, State, & Zip: 1265 E. Primrose, Spfld MO, 65804
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: (417) 848-4247
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 & Title (if any): [Signature]
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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Elizabeth (Beth) Fogle, Spfld MO 65804
Election Date: 8/4/2020
Office Sought & Political Subdivision: House of Representatives - District 135
Telephone Number (Candidate Committees Only): (417) 576-6440
Political Party: Democrat
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]