



Office Use
 OCT 24 2019

Statement of Committee Organization

1. Statement Information

Date: 10/16/2019

Type: New Amended (if amending, enter MEC ID C081024 & section changed 2, 3, 5)

2. Committee Information

CITIZENS FOR HOSKINS

Name of Committee

P.O. BOX 118, WARRENSBURG, MO 64093

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

NATHAN WHITE

Treasurer's Name (First & Last)

47302 HWY K, NORBORNE, MO 64668

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(660) 886-1139

Treasurer's Home Telephone Number

(660) 886-1139

Treasurer's Work Telephone Number

STORMY TAYLOR

Deputy Treasurer's Name (if one appointed)

614 CHAUCER LANE, WARRENSBURG, MO 64093

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(660) 441-2458

Dep. Treasurer's Home Telephone Number

(660) 441-2458

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

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.

Nathan White
 Committee Treasurer

Denny Hoskins
 Candidate (Candidate Committees Only)