



## Missouri Ethics Commission (MEC)

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

## Statement of Committee Organization

JAN 14 2020

HAND DELIVERED

## 1. Statement Information

Date: 1-14-2020Type: ☐ New ☒ Amended (if amending, enter MEC ID C101331 & section changed Section 6)

## 2. Committee Information

Name of Committee \_\_\_\_\_

Committee Mailing Address, City, State, &amp; Zip \_\_\_\_\_

( )  
Telephone Number

Official Committee Email Address \_\_\_\_\_

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First &amp; Last) \_\_\_\_\_

Treasurer's Email Address (optional) \_\_\_\_\_

Treasurer's Mailing Address, City, State, &amp; Zip \_\_\_\_\_

( )  
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, &amp; Zip \_\_\_\_\_

( )  
Dep. Treasurer's Home Telephone Number( )  
Dep. Treasurer's Work Telephone Number

## 4. Additional Committee Information

Additional Committee Officer's Name &amp; Title (if any) \_\_\_\_\_

Additional Committee Officer's Mailing Address, City, State, &amp; Zip \_\_\_\_\_

Connected Organization's Name (if any) \_\_\_\_\_

Connected Organization's Mailing Address, City, State, &amp; 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 &amp; Mailing Address, City, State, &amp; Zip of Financial Institution \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

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

Name &amp; Mailing Address, City, State, &amp; Zip of Candidate \_\_\_\_\_

Telephone Number (Candidate Committees Only) \_\_\_\_\_

Election Date 08/04/2022Office Sought & Political Subdivision SenatePolitical Party Democrat

Support or Oppose \_\_\_\_\_

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure \_\_\_\_\_

Election Date &amp; Political Subdivision \_\_\_\_\_

Support or Oppose \_\_\_\_\_

## 8. Signature(s) Check certification(s) &amp; 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) \_\_\_\_\_