

## Missouri Ethics Commission (MEC)

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

## Office Use: 2020

HAND DELIVERED

## **Statement of Committee Organization**

1.	Statement Information  Date: 2-20-20	
	Type: New Amended (if amending, enter MEC ID	& section changed)
2.	Committee Information	& section changed
	Bruce SASSMANN ElecTION	Committee
	Name of Committee	11 WOW K73
	Committee Mailing Address, City, State, & Zip	D 11 15504 ( 368-8393 Telephone Number
		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)	1. Comment of the com
	117 Co Rd 741 BLAND MO 65019	(573) 368-8393 (528 368 -8393) Treasurer's Home Telephone Number Treasurer's Work Telephone Number
	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)
	N/9	() $N/A$ $()$ $N/A$
	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
	N/A	N/S
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip
_	CANDIDATES: Do you have more than one candidate committee	
5.	Official Bank Account Information (required by all committees	
6.	Candidate Supported or Opposed (candidate committees mus	t. include self. if candidate)
	BRUCE SASSMANN 117 COR2741 BlAND.	No. (573) 368-8393 ( )
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)
	Au 4, 2020 STATE RESPONSE	Political Party Politican Support or Oppose P
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)
٠.	Ballot Measure Supported of 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 com	nmittees)
	faffirm and attest under penalty of perjury that information a	
/	further acknowledge that I and aware that any false statement o	r declaration made herein is prinishable under Ch. 575 RSMo.
,	Committee Treasurer (	Candidate (Candidate Committees Only)
	Committee medauter	Candidate (Candidate Committees Only)