



Office Use  
**MAR 09 2020**

**Statement of Committee Organization**

Date: 03/03/2020

Type:  New  Amended (if amending, enter MEC ID C190934 & section changed 03)

**2. Committee Information**

Name of Committee

Committee Mailing Address, City, State, & 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**

Gerry Pool  
 Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

225 E Brooks St, Republic, MO 65738  
 Treasurer's Mailing Address, City, State, & Zip

(417) 732-6690  
 Treasurer's Home Telephone Number

( )  
 Treasurer's Work Telephone Number

Kari Murray  
 Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

7175 N Farm Rd 137, Springfield, MO 65803  
 Deputy Treasurer's Mailing Address, City, State, & Zip

(417) 830-9060  
 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

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

**AMENDMENT**

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 of Financial Institution

Account Name

Account Number

**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.

Gerry Pool  
 Committee Treasurer

[Signature]  
 Candidate (Candidate Committees Only)