



Office Use:  
 C201247

# Statement of Committee Organization

## 1. Statement Information

Date: 04/09/2020  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Grow MO Together  
 Name of Committee  
PO Box 7156 Columbia, MO 65205 (573) 299-0619  
 Committee Mailing Address, City, State, & Zip Telephone Number  
[REDACTED] Boone County Clerk  
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee  
 Committee Type:  Campaign  Candidate  Continuing(PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

<u>Eric Slusher</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>PO Box 7156 Columbia, MO 65205</u> Treasurer's Mailing Address, City, State, & Zip	<u>(573) 299-0619</u> Phone 1 Phone 2
<u>/</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>/</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>/</u> Phone 1 Phone 2

## 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)

[REDACTED] [REDACTED] [REDACTED]  
 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)

<u>/</u> Name & Mailing address, City, State, & Zip of Candidate	<u>/</u> Phone 1	<u>/</u> Phone 2
<u>/</u> Election Date	<u>/</u> Office Sought & Political Subdivision	<u>/</u> Political Party
		<u>/</u> Support or Oppose

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

<u>/</u> Name of Ballot Measure	<u>/</u> Election Date & Political Subdivision	<u>/</u> Support or Oppose
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## 8. Signature(s) Check certification(s) & sign (required by all committees)

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.  
ELECTRONICALLY FILED Apr 11 2020 09:24 AM ELECTRONICALLY FILED Apr 11 2020 09:24 AM  
 Committee Treasurer Candidate (Candidate Committees Only)