



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

Missouri Ethics Commission

Office Use

JUN 22 2020

## Statement of Committee Organization

### 1. Statement Information

Date: 06/17/20

Type: ☐ New ☒ Amended (if amending, enter MEC ID A141027 & section changed 6)

### 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

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

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

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) \_\_\_\_\_

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 \_\_\_\_\_

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 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)

04-03-2023  
Election Date

Councilman Ward 1, City of O'Fallon  
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.

[Signature]  
Committee Treasurer

[Signature]  
Candidate (Candidate Committees Only)