



Office Use:
A212010

Statement of Committee Organization

1. Statement Information

Date: 12/10/2021
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens for Randy Cook
Name of Committee

PO Box 141 Cottleville, MO 63338 (636) 284-1284
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Charles County Election Authority
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

Karen Cook [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

PO Box 141 Cottleville, MO 63338 (636) 284-1284
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

Deputy Treasurer's Name (if one appointed) [REDACTED]
Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip 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)

Randy Cook PO Box 141 Cottleville, MO 63338 (636) 284-1284
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

04/05/2022 Boardmember/Francis Non-Partisan
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

Howell School District
Office Sought & Political Subdivision

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.

ELECTRONICALLY FILED Dec 10 2021 02:27 PM ELECTRONICALLY FILED Dec 10 2021 02:27 PM
Committee Treasurer Candidate (Candidate Committees Only)