



Office Use:
 A243322

Statement of Committee Organization

1. Statement Information

Date: 03/07/2024
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens for Benoist
 Name of Committee

536 Brooks Pl Farmington, MO 63640
 Committee Mailing Address, City, State, & Zip

(573) 701-3493
 Telephone Number

[REDACTED]
 Official Committee Email Address

St. Francois County Clerk
 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

Thomas Benoist
 Treasurer's Name (First & Last)

[REDACTED]
 Treasurer's Email Address (optional)

536 Brooks Pl Farmington Farmington, MO 63640
 Treasurer's Mailing Address, City, State, & Zip

(573) 701-3493
 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]
 Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]
 Account Name

[REDACTED]
 Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Thomas Benoist 536 Brooks Pl Farmington, MO 63640
 Name & Mailing address, City, State, & Zip of Candidate

(573) 701-3493
 Phone 1

 Phone 2

08/06/2024
 Election Date

Associate Commissioner/St. Francois County
 Office Sought & Political Subdivision

Democrat
 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.

ELECTRONICALLY FILED Mar 7 2024 03:16 PM
 Committee Treasurer

ELECTRONICALLY FILED Mar 7 2024 03:16 PM
 Candidate (Candidate Committees Only)