



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO91264

OFFICE USE ONLY

9

STATEMENT DATE <u>1/6/2000</u>	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>#5, 9, 10, 12</u>
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3. FULL NAME OF COMMITTEE
CITIZENS TO ELECT BILL ZOBRIST

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>3815 YAEGER ROAD</u> CITY/STATE/ZIP: <u>ST. LOUIS, MO 63129</u>	5. TELEPHONE NUMBER <u>314 892-1214</u>
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6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS ADDRESS: CITY/STATE/ZIP:	8. TELEPHONE NUMBER HOME: WORK:
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER
JAMES WYRSCH

10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>12835 CANTERBURY FARMS</u> CITY/STATE/ZIP: <u>ST. LOUIS, MO 63128-3281</u>	11. TELEPHONE NUMBER HOME: <u>314-842-4224</u> WORK: <u>314-795-1104</u>
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12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME: <u>DEBORAH M. ZOBRIST</u> B. ADDRESS: <u>3815 YAEGER RD</u> <u>ST. LOUIS MO 63129</u> C. TITLE: <u>CAMPAIGN CHAIR</u>	13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.
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15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING AMENDMENT CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
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17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS
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18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>
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19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED

A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>
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20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

X [Signature]
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

[Signature]
CANDIDATE'S SIGNATURE

Missouri Ethics Commission
JAN 11 2010