



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C081452

OFFICE USE ONLY
De

STATEMENT DATE May 17, 2010		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) Line #14	
3. FULL NAME OF COMMITTEE Citizens to Elect DeVeydt					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 952 CITY / STATE / ZIP: Sullivan, MO 63080				5. TELEPHONE NUMBER 573-860-2320	
6. TREASURER'S NAME Gale D. Thomas					
7. TREASURER'S MAILING ADDRESS ADDRESS: P.O. Box 952 CITY / STATE / ZIP: Sullivan, MO 63080				8. TELEPHONE NUMBER HOME: 573-468-6006 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Synthia Huber					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: P.O. Box 952 CITY / STATE / ZIP: Sullivan, MO 63080				11. TELEPHONE NUMBER HOME: 573-468-2372 WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				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	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION PEOPLES BANK 112 S. SERVICE RD WEST SULLIVAN MO 63080		B. ACCOUNT NAME CITIZENS TO ELECT DEVEYDT		C. ACCOUNT	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Tod C. DeVeydt		B. ADDRESS P.O. Box 952		C. TELEPHONE NO. 573-860-2320	D. POLITICAL PARTY Democrat
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Tod C. DeVeydt		B. ELECTION DATE 8/3/2010	C. OFFICE SOUGHT St. Rep	D. POLITICAL SUBDIVISION # DIST 111	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Gale D. Thomas</i> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Tod C. DeVeydt</i> CANDIDATE'S SIGNATURE	