MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C010131

OFFICE USE ONLY

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
9/23/10	☐ NEW ☑ AMENDED	15

3. FULL NAME OF COMMITTEE: Icet for Auditor

4. COMMITTEE MAILING ADDRESS
ADDRESS: 1007 Chesterfield Forest Drive
CITY / STATE / ZIP: Wildwood, Mo 63005

5. TELEPHONE NUMBER: 636.519.0002

6. TREASURER'S NAME: William Linton

7. TREASURER'S MAILING ADDRESS
ADDRESS: 322 Algonquin
CITY / STATE / ZIP: Ballwin, Mo 63011

8. TELEPHONE NUMBER
HOME: 636.207.0675
WORK:

9. DEPUTY TREASURER'S NAME ☐ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS: 1007 Chesterfield Forest Drive
CITY / STATE / ZIP: Wildwood, Mo 63005

11. TELEPHONE NUMBER
HOME: 636.519.0002
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?
☐ YES ☐ NO ☑ N/A

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.

15. TYPE OF COMMITTEE
☐ CANDIDATE ☐ POLITICAL PARTY ☐ POLITICAL ACTION (PAC) ☐ CAMPAIGN ☐ EXPLORATORY ☑ DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS

AMENDMENT

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
				☐	☐

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	F. OPPOSE
			☐	☐

20. COMMITTEE TREASURER'S SIGNATURE

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

William C Linton

TREASURER'S SIGNATURE

Missouri Ethics Commission SEP 29 2010

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

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

CANDIDATE'S SIGNATURE