



Office Use: JE

# Statement of Committee Organization

**1. Statement Information**

Date: 1/2/2013  
 Type:  New  Amended (if amending, enter MEC ID C131004 & section changed \_\_\_\_\_)

**2. Committee Information**

**FRIENDS OF BOB CIRTIN**

Name of Committee  
3128 E SUNSHINE SPRINGFIELD, MO 65804 (417) 839-1252  
Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address RICHARD STRUCKHOFF  
County Clerk or Board of Election Commissioners

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**JOHN TWITTY**  
Treasurer's Name (First & Last)  
4203 E WOODLAND SPRINGFIELD, MO 65809  
Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional) (417) 838-8576 ( )  
Work Telephone Number

**JIM ARNOTT**  
Deputy Treasurer's Name (if one appointed)  
556 LINNEA FAIR GROVE, MO 65648  
Deputy Treasurer's Mailing Address, City, State, & Zip  
 Deputy Treasurer's Email Address (optional) (417) 838-3824 ( )  
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**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)**

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)**

**BOB CIRTIN 3368 E BLUFF POINT OZARK, MO 65721** (417) 839-1252 ( )  
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
08/05/2014 GREENE COUNTY PRESIDING COMMISSIONER **REPUBLICAN** **SUPPORT**  
Election Date Office Sought & Political Subdivision 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.

Jim Arnett Committee Treasurer Richard Struckhoff Candidate (Candidate Committees Only)