

MAR 11 2014



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov  
RICH CHRISMER  
ST. CHARLES CO., MO

Office Use: BB J

### Statement of Committee Organization

#### 1. Statement Information

Date: 3/10/14  
Type:  New  Amended (if amending, enter MEC ID A141124 & section changed \_\_\_\_\_)

#### 2. Committee Information

Name of Committee: FRIENDS OF ZOE G. BERT  
Committee Mailing Address, City, State, & Zip: 714 ORIENTAL LILY DR OFALON MO Telephone Number: (636) 244-2514

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

#### 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): C. DANIEL RINGO Treasurer's Email Address (optional): \_\_\_\_\_  
Treasurer's Mailing Address, City, State, & Zip: 964 Brewer Ct Wentzville Mo 63386 Treasurer's Home Telephone Number: 636 856-0557 Treasurer's Work Telephone Number: (314) 232-1625  
Deputy Treasurer's Name (if one appointed): ROD GILBERT  
Deputy Treasurer's Mailing Address, City, State, & Zip: 714 ORIENTAL LILY DR OFALON MO Dep. Treasurer's Home Telephone Number: (636) 244-2514 Dep. Treasurer's Work Telephone Number: \_\_\_\_\_

#### 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): N/A 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)

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

Name & Mailing Address, City, State & Zip of Candidate: ZOE GILBERT 714 ORIENTAL LILY OFALON MO 63386 Telephone Number (Candidate Committees Only): (636) 244-2514  
Election Date: 4/8/14 Office Sought & Political Subdivision: OFALON CITY COUNCIL WARD 5 Political Party: \_\_\_\_\_ Support or Oppose: \_\_\_\_\_

#### 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: N/A 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.  
Committee Treasurer: [Signature] Candidate (Candidate Committees Only): [Signature]