



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

Office Use: [Signature]

Statement of Committee Organization

1. Statement Information

Date: 1/27/14
Type: New Amended (if amending, enter MEC ID A141145 & section changed _____)

2. Committee Information

Name of Committee: Citizens to Elect Oakwood
Committee Mailing Address, City, State, & Zip: Po Box 874 O'Fallon, Mo 63366 Telephone Number: (636) 978-1223

Official Committee Email Address: _____ County, Clerk or Board of Election Commissioners: _____
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Dan McLaughlin Treasurer's Email Address (Optional): _____
Treasurer's Mailing Address, City, State, & Zip: 1545 River Birch Dr St. Louis, Mo 63376 Treasurer's Home Telephone Number: (314) 575-6780 Treasurer's Work Telephone Number: _____
Deputy Treasurer's Name (First & Last): Kathrine Oakwood Deputy Treasurer's Email Address (Optional): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: 666 Fawn Oaks Dr O'Fallon, Mo 63366 Deputy Treasurer's Home Telephone Number: (636) 699-9993 Deputy Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officers Name & Title (if any): _____ Additional Committee Officers 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 Candidate: Russell Oakwood 666 Fawn Oaks Dr O'Fallon, Mo 63366 Account Name: _____ Account Number: _____
Election Date: 4/2/14 Office Sought & Political Jurisdiction: City of O'Fallon Ward 5 Police Party: _____ Successor/Deputy: Suzanne

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

Name of Ballot Measure: _____ Election Date & Political Jurisdiction: _____ 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 (Campaign Committees Only): [Signature]