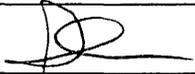




Office Use: 

Statement of Committee Organization

1. Statement Information

Date: 10/3/2014
 Type: New Amended (if amending, enter MEC ID C41546 & section changed _____)

2. Committee Information

Vote NO on Amendment 3
 Name of Committee _____
910 E. Broadway Ste 203 Columbia, MO 65201 (573) 447 2349
Treasurer's Mailing Address, City, State, & Zip Telephone Number
 _____ **Boone County Clerk** _____
County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Richard Ravenhill
 Treasurer's Name (First & Last) _____
3903 Frontenac Pl Columbia, MO 65203 (573) 268 3416 (573) 874 8482
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Email Address (optional) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____
 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)

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

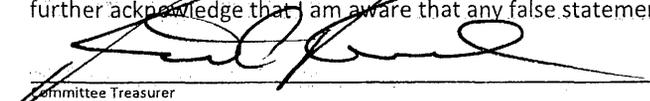
Name & Mailing Address, City, State & Zip of Candidate _____
 Telephone Number (Candidate Committees Only) _____
 Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

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

Constitutional Amendment #3 **November 4, 2014** **Oppose**
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.

 _____
Committee Treasurer Candidate (Candidate Committees Only)