

Missouri Ethics Commission (MEC) OCT 0 3 2014 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization TY CLERK

Office Use:

1.	Statement Information		
	Date: 10/3/2014	V115 . I	
	Type: New Amended (if amending, enter MEC ID H	<u>141314</u> & section ch	anged)
2.	Committee Information	Mrs. Commission of the Commiss	
Citizens for a Better Columbia			
·	Name of Committee		574 054 0400
	501 Cherry St, Ste 100, Columbia, MO 65201		(571) 354-6492
	Committee Malling Address, City, State, & Zip	Boone County Clerk	reseptione Namoer
		County Clerk or Board of Election Commission	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Expl	oratory Political Party
2	Treasurer/Deputy Treasurer Information		
٥.	Yancy Williams		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	5802 Mahon Drive, Columbia, MO 65201	, none	<sub>1</sub> 571 <sub>1</sub> 354-6492
	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 Addr	ess. City. State. & Zio
		•	, ,
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	? Yes (refer to instructions on I	back) No
5.	Official Bank Account Information (required by all committees		
6.	Candidate Supported or Opposed (candidate committees must	include self. if candidate)	The Reserve St. W. Wallet
	n/a	( )	/
	Name & Malling 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)		
-	Proposition 2 (City of Columbia, Missouri)	11/4/2014 COLUMBIA	Oppose
ī	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all com	mittees)	Carto de la carte
Ī	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		
	1/11/11/	, the same of the	the state of the s
ź	Committee Teasurer	Candidate (Candidate Committees Only)	A CONTRACTOR OF THE PARTY OF TH

MO 300-1308 Packet (Rev. 07/2013) Form must be completed in full & contain original signature(s), faxilings of methods are selected missing 1 of 3