



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

Office Use: BB [Signature]

Statement of Committee Organization

1. Statement Information

Date: October 6
 Type: New Amended (if amending, enter MEC ID C14/551 & section changed _____)

2. Committee Information

Name of Committee: People for Lester Turilli JR.
 Committee Mailing Address, City, State, & Zip: P.O. Box 948 Stanton, MO 63079 Telephone Number: (636) 388 3558

Official Committee Chair: _____ 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): Lester Turilli, JR Treas...
 Treasurer's Mailing Address, City, State, & Zip: P.O. Box 948 Stanton MO Treasurer's Home Telephone Number: (636) 388 3558 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 as candidate)

Name & Mailing Address, City, State & Zip of Candidate: Lester Turilli, JR. Telephone Number (Candidate Committees Only): (636) 388-3558
 Election Date: 2016 Office Sought & Political Subdivision: GOVERNOR Political Party: INDEPENDENT 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.

Committee Treasurer: [Signature] Candidate (Candidate Committees Only): [Signature]