

Missouri Ethics Commission (MEC)

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

Office Use:	P
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Statement of Committee Organization

1.	Statement Information	reflection of the environment of the program and the first term of the contract of the second of the	kasankangan sa terdapatan ara-a anakhir ay namusik na panya sa mahir Milan (ng	- Steries
	Date: 11/18/2014		n mali sagan na kalabahan ta na papan Pasa Pasa Pasa Pasa Tanah sagan na kalabahan ta na papan Pasa Pasa Pasa Pasa Pasa Tanah sagan na kalabahan ta na papan pagan Pasa Pasa Pasa Pasa Pasa Pasa Pasa Pa	ay ta ti
	Type: New Amended (if amending, enter MEC ID CO	/1253 & sect	ion changed 2,3,5,6)
2.	Committee Information			
	Anne Zerr for Missouri	ો પ્રાપ્ત કર્યું કરાયું હતા. એ એ મોર્ગ જોઇમાં તેવા કર્યું મુક્કાર પ્રાપ્ત કર્યું કર્યાં છે. એ પ્રાપ્ત કર્યાં ત્રાપ્ત કર્યું કર્યું કર્યું કર્યા હતા.	rakke fill de er	
	Name of Committee			
	Consider Malling Address City Cont. 9 71		()	
	Committee Malling Address, City, State, & Zip		Telephone Number	
	Official Committee Emall Address	County Clerk or Board of Election C	ommissioners	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service	Exploratory Political Party	
2	Treasurer/Deputy Treasurer Information	Neman Neman	Many Lannaci	
J.	reasoner, separ, reasoner mornation	A CONTRACTOR OF CONTRACTOR	A STATE OF THE STA	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional	1)	
		()	()	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Numb	er Treasurer's Work Telephone Number	
	Tom Smith			
	PO Box 1191, St Charles, MO, 63302	Deputy Treasurer's Email Address (c	optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	.\	() Number Dep: Treasurer's Work Telephone Num	ber
	Additional Commission Information			
4.	Additional Committee Information [Higher, Sententing as time from sweet effect our special services or a service of the contraction of the contrac			
	Contract Con	Additional Committee Officer's Mail	Ung Address City State & Zin	
		Am	iendment	
	Connected Organization's Name (if any)	Connected Organization's Mailing A	ddress, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee	e? Yes (refer to instructio	ns on back) No	
5.	Official Bank Account Information	. Para l'es (l'eller to matra dotte	is on backy parameter	
		Anne Zerr for Misso	ouri	
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
ŝ.	Candidate Supported or Opposed			
		/)	()	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Com	mittees Only)	
	08/02/2016 State Senate - Dist 23	Republican		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed	ät la	3.00 m	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	_
3.	Signature(s) Check certification(s) & sign	(K) (1) 20 20 20 20 20 20 20 20 20 20 20 20 20		
	I affirm and attest under/penalty of perjury that information a			
	further acknowledge that am aware that any false statement or			
	laur X	Am /m)	
	Committee Treasurer	Candidate (Candidate Committees Or	nlv)	