



Office Use:

Statement of Committee Organization

1. Statement Information

Date: 1/28/15

Type: New Amended (if amending, enter MEC ID C121091 & section changed 6)

2. Committee Information

Name of Committee: Citizens to Elect John Wright

Committee Mailing Address, City, State, & Zip: 9195 W Graham Rd Rocheport, MO 65279 Telephone Number: (573) 442-0557

Official Committee: Boone County
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): John Riddick Treasurer's Email Address (optional): _____

Treasurer's Mailing Address, City, State, & Zip: 602 Rollins Ct Columbia, MO 65203 Treasurer's Home Telephone Number: (573) 443-3971 Treasurer's Work Telephone Number: (573) 777-5001

Deputy Treasurer's Name (if one appointed): Jane Whitesides Deputy Treasurer's Email Address (optional): _____

Deputy Treasurer's Mailing Address, City, State, & Zip: 401 Commerce Glasgow, MO 65245 Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: (573) 777-5021

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)

Official Bank Account

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

Name & Mailing Address, City, State & Zip of Candidate: John Wright 9195 W Graham Rd Rocheport, MO 65279 Telephone Number (Candidate Committees Only): (573) 442-0557

Election Date: 08/2/2016 Office Sought & Political Subdivision: Statewide office Political Party: Democrat Support or Oppose: Support

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/We certify that this statement is complete, true and accurate.
 e-Filers: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

Committed Treasurer

Candidate (Candidate Committees Only) MISSOURI ETHICS COMMISSION

JAN 28 2015