



Office Use *SB* *DR*

# Statement of Committee Organization

## 1. Statement Information

Date: February 17, 2015  
 Type:  New  Amended (if amending, enter MEC ID A151058 & section changed \_\_\_\_\_)

## 2. Committee Information

Foundation for Columbia's Future  
 Name of Committee  
201 West Boulevard S (573) 999-0388  
 Committee Mailing Address, City, State, & Zip Telephone Number  
FoundationforColumbiaFuture@gmail.com Wendy Noren, Boone County Clerk  
 Official Committee Email Address County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Keel Groshong  
 Treasurer's Name (First & Last)  
201 West Boulevard South, Columbia MO 65203 (573) 999-0388 (573) 999-0388  
 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)

ACCOUNT NAME ACCOUNT NUMBER

## 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)

Proposition 1 and Proposition 2 April 7, 2015, City of Columbia Support  
 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.  
Keel Groshong \_\_\_\_\_  
 Committee Treasurer Candidate (Candidate Committees Only)