



Statement of Committee Organization

1. Statement Information

Date: 4/21/15

Type: New Amended (if amending, enter MEC ID C151084 & section changed _____)

2. Committee Information

Name of Committee: Carroll-Bower Exploratory Committee to Elect Carroll-Bower

Committee: P.O. Box 696 Springfield, Mo 65801 Telephone Number: (417) 812 0593

County Clerk or Board of Election Commissioners: Christian City

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): William D. Lane

Treasurer's Mailing Address, City, State, & Zip: P.O. Box 696 Springfield, Mo 65801

Treasurer's Email Address (optional): _____

Treasurer's Home Telephone Number: (417) 894-0734

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, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Mary Bower, P.O. Box 696 Spf 10, Mo 65801

Telephone Number (Candidate Committees Only): (417) 894-0734

Election Date: 8/2/16

Office Sought & Political Subdivision: St. Governor

Political Party: Independent

Support or Oppose: Support

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: 1

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: William D. Lane

Candidate (Candidate Committees Only): Mary Bower

CC