



Statement of Committee Organization

1. Statement Information

Date: _____
 Type: New Amended (If amending, enter MEC ID C151095 & section changed _____)

2. Committee Information

DAVID COIT FOR MISSOURI
 Name of Committee

2736 W WASHITA ST, SPRINGFIELD, MO 65807 (417) 766-5862
 Committee Mailing Address: City, State, & Zip Telephone Number

 Committee Email Address Shane Schoeller, Clerk, Green County, MO
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

DAVID COIT
 Treasurer's Name (First & Last)

2736 WEST WASHITA ST SPRINGFIELD, MO 65807 (417) 882-6822 (417) 766-5862
 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)

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

DAVID COIT 2736 W WASHITA SPRINGFIELD MO 65807 (417) 766-5862 (417) 882-6822
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/02/2016 State Rep/133 Republican Support
 Election Date Office Sought & Political Subdivision Political Party 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.

David Coit Shane Schoeller
 Committee Treasurer Candidate (Candidate Committees Only)