



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

Office Use: gl

Statement of Committee Organization

1. Statement Information

Date: 5-22-16
 Type: New Amended (if amending, enter MEC ID C151099 & section changed _____)

2. Committee Information

Name of Committee: Citizens for Crystal Quade
 Committee Mailing Address, City, State, & Zip: PO Box 336 Springfield, MO 65801
 Telephone Number: (417) 766-4224
 County Clerk or Board of Election Commissioners: Greene County
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Stephen Berkwitz
 Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 2468 E. Baynell, Springfield mo 65804
 Treasurer's Home Telephone Number: (417) 823-9433
 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: Crystal Quade 1102 N Jefferson, Springfield mo 65803
 Telephone Number (Candidate Committees Only): (417) 766-4224
 Election Date: 8-2-16
 Office Sought & Political Subdivision: MO House District 132
 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 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: [Signature]
 Candidate (Candidate Committees Only): [Signature]