



Office Use: JC 6/1/15
11:21 am

Statement of Committee Organization

1. Statement Information

Date: 6/1/2015 C151103
 Type: New Amended (if amending, enter MEC ID A151058 & section changed 2 & 3 & 7)

2. Committee Information

Foundation for Columbia's Future

Name of Committee

P.O. Box 678, Columbia, MO 65205

Committee Mailing Address, City, State, & Zip

(573) 874-8567

Telephone Number

Wendy Noren, Boone County Clerk

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Pamela Bross

Treasurer's Name (First & Last)

4310 Brunswick Drive

Treasurer's Mailing Address, City, State, & Zip

NA

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 864-6043

Treasurer's Home Telephone Number

(573) 874-8567

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

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 Dep. Treasurer's Home Telephone Number

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 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

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 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

Name of Ballot Measure

August 4, 2015

Election Date & Political Subdivision

Support

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.

Pamela Bross

Committee Treasurer

Pamela Bross

Candidate (Candidate Committees Only)