



Statement of Committee Organization

1. Statement Information

Date: 8/27/15

Type: [X] New [] Amended (if amending, enter MEC ID C151164 & section changed)

2. Committee Information

Citizens Committee for Soil, Water and State Parks

Name of Committee

P.O. Box 658, Jefferson City, MO 65102

Committee Mailing Address, City, State, & Zip

(573) 893-1409

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Ron Coleman

Treasurer's Name (First & Last)

P.O. Box 594, St. Albans, MO 63073

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

Treasurer's Email Address (optional)

(573) 893-1409

Treasurer's Home Telephone Number

(636) 451-6032

Treasurer's Work Telephone Number

Leslie Holloway

Deputy Treasurer's Name (if one appointed)

P.O. Box 658, Jefferson City, MO 65102

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

Deputy Treasurer's Email Address (optional)

(573) 893-4032

Dep. Treasurer's Home Telephone Number

(573) 893-1409

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) [X] 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

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)

Soil, Water and State Parks Sales Tax Renewal

November 2016-Statewide

Support

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

[X] 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.

MISSOURI ETHICS COMMISSION

Signature of Leslie S. Holloway, Committee Treasurer

Signature of Candidate (Candidate Committees Only)