



Statement of Committee Organization

1. Statement Information

Date: 9/4/2015

Type: New Amended (if amending, enter MEC ID C151172 & section changed _____)

2. Committee Information

Name of Committee: Munzinger for Missouri 136

Committee Mailing Address, City, State, & Zip: P.O. Box 11136, Springfield, MO 65808-1136 Telephone Number: (417) 860.7990

Greene County
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Shawn Askinosie

Treasurer's Email Address (optional): _____

Treasurer's Mailing Address, City, State, & Zip: 2089 S. FR 189, Springfield, MO 65809

Treasurer's Home Telephone Number: (417) 860.3214

Treasurer's Work Telephone Number: (417) 862.9900

Deputy Treasurer's Name (if one appointed): Andrew Lear

Deputy Treasurer's Mailing Address, City, State, & Zip: 5261 S. Applacross Way, Spfld., MO 65809

Dep. Treasurer's Home Telephone Number: (417) 849.1676

Dep. Treasurer's Work Telephone Number: (417) 849-1676

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 for all committees)

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

Name & Mailing Address, City, State & Zip of Candidate: Jeff Munzinger, 2010 S. Shady Hill Ln, Spfld., MO 65809

Telephone Number (Candidate Committees Only): (417) 860.7990

Election Date: Nov. 8, 2016

Office Sought & Political Subdivision: MO House District 136

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 Committees Only: [Signature]