



Office Use: BB JD

Statement of Committee Organization

1. Statement Information

Date: 09/02/2015

Type: New Amended (if amending, enter MEC ID C151175 & section changed _____)

2. Committee Information

Citizens for Tom Pauley

Name of Committee

PO Box 382, Hallsville, MO 65255-0382

Committee Mailing Address, City, State, & Zip

(573) 673-5884

Telephone Number

Board of Elections

County Clerk or Board of Election Commissioners

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Elaine George

Treasurer's Name (First & Last)

13701 N. Level Road

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

(573) 696-3048

Treasurer's Home Telephone Number

(573) 696-3048

Treasurer's Work Telephone Number

Scott Cristal

Deputy Treasurer's Name (if one appointed)

2205 Country Club Drive *Columbia MO 65201*

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

(573) 999-3871

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)

Thomas (Tom) Pauley, 102 Bertie, PO Box 382, Hallsville MO 65255-0382

Name & Mailing Address, City, State & Zip of Candidate

(573) 676-5884

Telephone Number (Candidate Committees Only)

(573) 696-0025

11/08/2016

Election Date

State Representative, 44th Legislative District

Office Sought & Political Subdivision

Democrat

Political Party

Support

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.

Elaine George
 Committee Treasurer

Thomas L. Pauley
 Candidate (Candidate Committees Only)