

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

| 130 |  | Office Use: | 92 |  |
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## **Statement of Committee Organization**

| Date: 226/C Type: New   Amended (if amending, enter MEC ID   C   L   D   C   & s    Committee Information   A   Supported   C   C   C   C    P   | Cyll 6  O (86) 569-155 /  Telephone Number  County  tion Commissioners  Exploratory Political Party |
|--|---|
| Committee Information  Name of Committee  P. O. BOX / LS 373 NICASSS (144 A)  Committee Mailing Address, City, State, & Zip  County Clerk or Board of Elect  Committee Type:   Campaign   ACandidate   Continuing (PAC)   Debt Service  Treasurer/Deputy Treasurer Information  P. O. BOX / LS 373 NICASSS (144 A)  Treasurer's Name (First & Last)  Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Mailing Address, City, State, & Zip  Additional Committee Information  Additional Committee Information  Additional Committee Officer's Name & Title (if any)  Connected Organization's Name (if any)  Connected Organization's Name (if any)  Connected Organization's Mailing Address, City, State, & Zip  Additional Committee Officer's Name & Title (if any)  Connected Organization's Name (if any)  Connected Organization's Mailing Address, City, State, & Zip  Additional Committee Officer's Name & Title (if any)  Connected Organization's Mailing Address, City, State, & Zip  Additional Committee Officer's Name & Title (if any)  Connected Organization's Mailing Address, City, State, & Zip  Connected Organization's Mailing Address, City, State, | Cyll 6  O (86) 569-155 / Telephone Number  County tion Commissioners  Exploratory Political Party   |
| Committee Mailing Address, City, State, & Zip  Committee Type: Campaign Candidate Continuing (PAC) Debt Service  Treasurer/Deputy Treasurer Information  Treasurer's Name (First & Last)  Treasurer's Name (First & Last)  Deputy Treasurer's Mailing Address, City, State, & Zip  Connected Organization's Name (if any)  Connected Organization's Name (if any)  Connected Organization's Mail Committee Officer's  Connected Organization's | ☐ Exploratory ☐ Political Party   |
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| County Clerk or Board of Elect  Committee Type: Campaign Candidate Continuing (PAC) Debt Service  Treasurer/Deputy Treasurer Information  Treasurer's Name (First & Last)  P. J. D. J.   | ☐ Exploratory ☐ Political Party   |
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| Treasurer's Name (First & Last)  Treasurer's Name (First & Last)  Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Mailing Address, City, State, & Zip  Additional Committee Information  Additional Committee Officer's Name & Title (if any)  Connected Organization's Name (if any)  Connected Organization's Name (if any)  Connected Organization's Mailing Address, City, State, & Zip  Connected Organization's Mailing Address, City, State, & Zip  Connected Organization's Mailing Address, City, State, & Zip of Candidate committees must include self, if candidate Supported or Opposed (candidate committees must include self, if candidate Supported or Opposed (candidate Committees must include self, if candidate Supported or Opposed (candidate Committees must include self, if candidate Supported or Opposed (candidate Committees must include self, if candidate Supported or Opposed (candidate Committees must include self, if candidate Supported or Opposed (candidate Committees must include self, if candidate Supported or Opposed (candidate Committees must complete this section bate Office Sought & Political Subdivision Political Farty   |   |
| Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Home Telephone Mailing Address, City, State, & Zip  Additional Committee Officer's Name & Title (if any)  Connected Organization's Name (if any)  Connected Organization's Name (if any)  Connected Organization's Name (if any)  Connected Organization's Mailing Address, City, State, & Zip of Candidate committees  Candidate Supported or Opposed (candidate committees must include self, if candidate self, if candidate self, if candidate committees must include self, if candidate self, |   |
| Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Home Telephone Number (If any)  Additional Committee Officer's Name & Title (If any)  Connected Organization's Name (If any)  Connected Organization's Name (If any)  CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)  Candidate Supported or Opposed (candidate committees must include self, If candidate supported or Opposed (candidate committees must include self, If candidate supported or Opposed (candidate committees must include self, If candidate supported or Opposed (candidate committees must include self, If candidate supported or Opposed (candidate committees must complete this section bate of the Supported or Opposed (campaign committees must complete this section bate complete comp |   |
| Deputy Treasurer's Name (if one appointed)  Deputy Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Mailing Address, City, State, & Zip  Additional Committee Information  Additional Committee Officer's Name & Title (if any)  Connected Organization's Name (if any)  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)  Candidate Supported or Opposed (candidate committees must include self, if candidate with the committee of the candidate committees of the candidate of t | ilonal?   |
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| Candidate Supported or Opposed (candidate committees must include self, if candidate  Say Wealing M. Pobox 165373, NVC, Mb. Iame & Mailing Address, City, state & Zip of Candidate  Say 2114  CLAY Co. Camp Storick  Office Sought & Political Subdivision  Political Party  Ballot Measure Supported or Opposed (campaign committees must complete this section)  | ctions on back) \( \sum \text{No} \)  |
| Telephone Number (Candidate  8/2/14  CLAY (O. Candistrical Subdivision  Confice Sought & Political Subdivision  Company of Candidate  Confice Sought & Political Subdivision  Confice Sought & Political Sub |   |
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| 8/2/14 CLAY Co. CommSS or Co. Political Party  Glice Sought & Political Subdivision  Ballot Measure Supported or Opposed (campaign committees must complete this section)  | 51 ()   |
| Office Sought & Political Subdivision Political Party  Ballot Measure Supported or Opposed (campaign committees must complete this sect  | Committees Only)  |
|  | Support or Oppose   |
| ame of Ballot Measure Election Date & Political Subdiv   | tion)   |
|  | vision Support or Oppose  |
| ignature(s) Check certification(s) & sign (required by all committees)   |   |
| I affirm and attest under penalty of perjury that information and facts in this report a   | re complete true and accurate.  |
| urther acknowledge that I am aware that any false statement or declaration made here   |   |