



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

Office Use: FBP DA

# Statement of Committee Organization

## 1. Statement Information

Date: 8-11-16  
 Type:  New  Amended (if amending, enter MEC ID C161031 & section changed 2 (NEW TREASURER))

## 2. Committee Information

**LEADERSHIP FOR AMERICA**

Name of Committee  
PO BOX 432 (314) 800-7245  
 Committee Mailing Address, City, State, & Zip Telephone Number  
LEADERSHIPFORAMERICA@GMAIL.COM ST LOUIS COUNTY  
 Official Committee Email Address County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

**PETER BENOIST**  
 Treasurer's Name (First & Last)  
PO BOX 432, EUREKA, MO 63025  
 Treasurer's Mailing Address, City, State, & Zip  
(314) 800-7245 (636) 938-9976  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
 Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 Dep. Treasurer's Home Telephone Number \_\_\_\_\_  
 Dep. Treasurer's Work Telephone Number \_\_\_\_\_

## 4. Additional Committee Information

**AMENDMENT**  
 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 \_\_\_\_\_ 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)

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

\_\_\_\_\_  
 Candidate (Candidate Committees Only)