



Office Use *12/15* *JE*

Statement of Committee Organization

1. Statement Information

Date: 8/26/2016
 Type: New Amended (if amending, enter MEC ID A1161507 & section changed _____)

2. Committee Information

Citizens for Your Life Safety

Name of Committee
223 Salt Lick Rd #134 St. Peters, MO 63376 Telephone Number (314) 3939762

Committee Mailing Address, City, State, & Zip
 Official Committee Email Address
 County Clerk or Board of Election Commissioners St Charles County-Rich Chrismer

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

3. Treasurer/Deputy Treasurer Information

Brad Peters
 Treasurer's Name (First & Last)
3374 Hempstead Way St Charles, Mo 63301
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Home Telephone Number (314) 3939762
 Treasurer's Work Telephone Number _____

Gary Donovan
 Deputy Treasurer's Name (if one appointed)
202 Natural Spring St Peters, Mo. 63366
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Dep. Treasurer's Home Telephone Number (314) 486-9717
 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)

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)

Prop L November 8, 2016/ Central County Fire Dist **support**
 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.

Gary M Donovan
 Committee Treasurer

 Candidate (Candidate Committees Only)