



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

Office Use: DB JA

Statement of Committee Organization

1. Statement Information

Date: 08/26/2016
 Type: New Amended (if amending, enter MEC ID C061641 & section changed 2 & 3)

2. Committee Information

BATES COUNTY CENTRAL REPUBLICAN COMMITTEE
 Name of Committee
411 S. OLIVE; BUTLER, MO 64730 (660) 464-1330
 Committee Mailing Address, City, State, & Zip Telephone Number
BATES COUNTY CLERK
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

GAYLE ALEXANDER
 Treasurer's Name (First & Last)
411 S. OLIVE (660) 464-1330 (660) 679-4182
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
N/A
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
N/A () ()
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number 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

CANDIDATE YES Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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.

Gayle Alexander Committee Treasurer Candidate (Candidate Committees Only)