



Office Use *SB DE*

# Statement of Committee Organization

**1. Statement Information**

Date: 09-05-16

Type:  New  Amended (if amending, enter MEC ID AK1511 & section changed \_\_\_\_\_)

**2. Committee Information**

~~Bill King for Adair County Commissioner~~ Citizen to elect Bill King

Name of Committee  
801 E. Rena, Kirksville, MO 63501 Telephone Number \_\_\_\_\_  
 Committee Mailing Address, City, State, & Zip

County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

Christine Steele  
 Treasurer's Name (First & Last)  
801 E. Rena, Kirksville, MO 63501  
 Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional) \_\_\_\_\_  
(660) 988-1242 \_\_\_\_\_  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_

Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number \_\_\_\_\_

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any) \_\_\_\_\_  
 Connected Organization's Name (if any) \_\_\_\_\_

Additional Committee Officer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 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)**

William King Telephone Number (Candidate Committees Only) (660) 626-7677  
 Name & Mailing Address, City, State & Zip of Candidate  
November 08, 2016 Commissioner Republican Support  
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose  
Adair City

**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.

Christine Steele  
 Committed Treasurer

[Signature]  
 Candidate (Candidate Committees Only)

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