



Statement of Committee Organization

1. Statement Information

Date: 9/8/16
 Type: New Amended (if amending, enter MEC ID C161336 & section changed _____)

2. Committee Information

Name of Committee: CITIZENS FOR BETTER COUNTY GOVERNMENT
 Committee Mailing Address, City, State, & Zip: POST OFFICE BOX 16661, CLAYTON, MO 63105 Telephone Number: (314) 732-9993
 Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: ST. LOUIS COUNTY BOARD OF ELECTION
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): TOM SULLIVAN
 Treasurer's Mailing Address, City, State, & Zip: PO. BOX 16661 CLAYTON, MO 63105 Treasurer's Home Telephone Number: (314) 732-9993 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

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: -TO BE DETERMINED 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: -TO BE DETERMINED 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.

TOM SULLIVAN
 Committee Treasurer Candidate (Candidate Committees Only)