



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

Office Use:

1. Statement Information

Date: 09/17/2016
 Type: New Amended (if amending, enter MEC ID A161521 & section changed _____)

2. Committee Information

Galaske for Assessor
 Name of Committee
521 W Coates, Moberly, MO 65270 (573) 881-8700
 Committee Mailing Address, City, State, & Zip Telephone Number
 Will Ellis
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Richard Tregnago
 Treasurer's Name (First & Last)
3181 County Rd 2530, Higbee, MO 65237
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) (660) 651-8919 (844) 277-6555
 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

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)

Doug Galaske, PO Box 206, Moberly, MO 65270 (573) 881-8009700
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
11/8/2016 County Assessor Democrat Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose
Randolph 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.
Richard Tregnago [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)