



Statement of Committee Organization

1. Statement Information

Date: 9/1/16
 Type: New Amended (if amending, enter MEC ID CO61699 & section changed _____)

2. Committee Information

Name of Committee: Oregon County Democratic Committee
 Committee Mailing Address, City, State, & Zip: RR 72, Box 2578, Alton, Mo 65606 Telephone Number: (417) 778-6730

County Clerk or Board of Election Commissioners: Tracy Bridges
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Deborah Sallings
 Treasurer's Mailing Address, City, State, & Zip: RR 72, Box 2578 Alton, Mo 65606 Treasurer's Home Telephone Number: (417) 778-6730 Treasurer's Work Telephone Number: (417) 270-1651
 Deputy Treasurer's Name (if one appointed): N/A 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): Ellen Kauffman - Chair Additional Committee Officer's Mailing Address, City, State, & Zip: Hc 3, Box 153A, Birch Tree Mo 65438
 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: N/A Telephone Number (Candidate Committees Only): _____
 Election Date: _____ Office Sought & Political Subdivision: _____ Political Party: _____ Support or Oppose: _____

Amendment

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: N/A 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.

Signature: Deborah Sallings Committee Treasurer Candidate (Candidate Committees Only)