



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

Office Use: *for* *SA*

1. Statement Information

Date: 9-21-16
 Type: New Amended (if amending, enter MEC ID C000965 & section changed 2, 3 & 4)

2. Committee Information

McDonald County Republican Central Committee
 Name of Committee
752 Route MM, Southwest City, MO 64863
 Committee Mailing Address, City, State, & Zip
(417) 762-3483
 Telephone Number
Kimberly Bell
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Kitty Collingsworth
 Treasurer's Name (First & Last)
752 Route MM, Southwest City, MO 64863
 Treasurer's Mailing Address, City, State, & Zip
n/a
 Deputy Treasurer's Name (if one appointed)
()
 Deputy Treasurer's Mailing Address, City, State, & Zip
(417) 762-3483
 Treasurer's Home Telephone Number
(417) 762-3215
 Treasurer's Work Telephone Number
()
 Deputy Treasurer's Email Address (optional)
()
 Dep. Treasurer's Home Telephone Number
()
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Janice Pratt, Chairperson
 Additional Committee Officer's Name & Title (if any)
702 Moss Church Road, Anderson, MO 64831
 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)

AMENDMENT
 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.
Kitty Collingsworth
 Committee Treasurer
()
 Candidate (Candidate Committees Only)