

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission Office Use: OCT 1 4 2016

Statement of Committee Organization

1.	Statement Information		
	Date: 10/11/2016 Type: New ✓ Amended (if amending, enter MEC ID C00	1016 & section cha	anged Treasuer
2.	Committee Information		
Christian County Republican Central Committee			
	Name of Committee PO 1390		(417)581-8588
	Committee Mailing Address, City, State, & Zip Ozark MO 65721	Kay Brown	Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commissio	
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Claudine Sterner	\$ 1.) · · ·
	Treasurer's Name (First & Last)	11easurer's Email Address Johnson,	,417 \689-2024
	10370 S. State Hwy UU Garrison MO 65657 Treasurer's Mailing Address, City, State, & Zip	(417) 796-2895 Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	
	Danutu Tanasan - Mailine Address City Carte 9 7in	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's nome releptione Number	Dep. Treasurer's work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Memory Committee Officer's Name & Me	Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	pack) No
5.	Official Bank Account Information (required by all committees)		
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account Number
õ.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
		()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	nly)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	-		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all committees)		
	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.		
	My Mint Il lines & Mens		
	Committee Heasurer	Candidate (Candidate Committees Only)	