



Statement of Committee Organization

1. Statement Information

Date: OCTOBER 13, 2016

Type: New Amended (if amending, enter MEC ID C141301 & section changed 1,2,3,4)

2. Committee Information

LEWIS COUNTY CENTRAL REPUBLICAN COMMITTEE

Name of Committee

P.O. BOX 15, MONTICELLO, MO 63457

Committee Mailing Address, City, State, & Zip

(573) 288-3259

Telephone Number

REGINA DREDGE, LEWIS COUNTY CLERK

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

BRAD L. DAVIS

Treasurer's Name (First & Last)

801 LEWIS STREET, CANTON, MO 63435

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 288-3259

Treasurer's Home Telephone Number

()

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

()

Dep. Treasurer's Home Telephone Number

()

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

DANIEL P. MUSHOLT, CHAIRMAN LCCRC

Additional Committee Officer's Name & Title (if any)

31884 STATE HWY C, LA GRANGE, MO 63448

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

()

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

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.

Committee Treasurer

Candidate (Candidate Committees Only)