



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

Missouri Ethics Commission

Office of the Clerk
 OCT 20 2016

Handwritten initials/signature

Statement of Committee Organization

1. Statement Information

Date: 10/14/2016

Type: New Amended (if amending, enter MEC ID C001310 & section changed 2, 3, 4)

2. Committee Information

Callaway County Democratic Central Committee

Name of Committee

4050 State Road JJ, Fulton, MO 65251

Committee Mailing Address, City, State, & Zip

(573) 220.0080

Telephone Number

Denise Hubbard

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

Bryant Liddle

Treasurer's Name (First & Last)

4050 State Road JJ, Fulton, MO 65251

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

Treasurer's Home Telephone Number (optional)

(573) 592-0080

Treasurer's Home Telephone Number

(573) 220-0080

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

Sharon Fischer, Secretary

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

3547 State Road KK Fulton, MO 65251

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

AMENDMENT

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.

Handwritten signature of Denise Hubbard

Committee Treasurer

Candidate (Candidate Committees Only)