



Office Use
 OCT 20 2016

Statement of Committee Organization

[Handwritten Signature]

1. Statement Information

Date: 10/03/2016

Type: New Amended (if amending, enter MEC ID C051148 & section changed 2,3,4,8)

2. Committee Information

St. Francois County Democrat Club

Name of Committee

3045 Bess Rd. Bonne Terre, MO 63628

Committee Mailing Address, City, State, & Zip

(573) 330-2436

Telephone Number

St. Francois County

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

Judy R. Pratt

Treasurer's Name (First & Last)

1826 Perrine Rd. Farmington, MO 63640

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

Treasurer's Email Address (optional)

(573) 756-8640

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Lisa Y. Pratt-Swoboda

Deputy Treasurer's Name (if one appointed)

525 N. Jefferson St. Farmington, MO 63640

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

Deputy Treasurer's Email Address (optional)

(573) 218-9575

Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Linda Dickerson-President

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

3045 Bess Rd. Bonne Terre, MO 63628

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

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 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.

Judy Pratt
 Committee Treasurer

Candidate (Candidate Committees Only)