



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

Missouri Ethics Commission

Office Use **OCT 21 2016**

Statement of Committee Organization

JA

1. Statement Information

Date: 10-13-14
 Type: New Amended (if amending, enter MEC ID C101600 & section changed 3/2)

2. Committee Information

Name of Committee: Gentry County Democratic Central Committee

Address: PO Box 81 Stanbery mo 64489 Telephone Number: (660) 793 2110

Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: Gentry County

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Barbara Mahoney

Treasurer's Mailing Address, City, State, & Zip: 2724 558th Rd Albany MO 64422 Treasurer's Home Telephone Number: (660) 726-3388 Treasurer's Work Telephone Number: _____

Deputy Treasurer's Name (if one appointed): Angela McQuinn

Deputy Treasurer's Mailing Address, City, State, & Zip: PO Box 81 Stanbery mo 64489 Dep. Treasurer's Home Telephone Number: (660) 793 2110 Dep. Treasurer's Work Telephone Number: (616) 390 6818

4. Additional Committee Information

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

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: _____ Account Number: _____

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: _____

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.

Signature: Barbara Mahoney Committee Treasurer
 Candidate (Candidate Committees Only): _____

AMENDMENT