



Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 11-2-16

Type: New Amended (if amending, enter MEC ID A161533 & section changed _____)

2. Committee Information

Name of Committee: Citizens for Jeff Hoelscher

Committee Mailing Address, City, State, & Zip: PO Box 105506, JC MO 65110 Telephone Number: (573) 619-8299

Official Committee Email Address: _____
County Clerk or Board of Election Commissioners: Steve Korsmeyer, Cole Co Clerk

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Greg Kollo Treasurer's Email Address (optional): _____

Treasurer's Mailing Address, City, State, & Zip: 1310 Osage Bluff Lane JC MO 65101 Treasurer's Home Telephone Number: (573) 496-0127 Treasurer's Work Telephone Number: (573) 220-3087

Deputy Treasurer's Name (if one appointed): N/A 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

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Jeff Hoelscher Telephone Number (Candidate Committees Only): (573) 619-8299 _____

Election Date: 11-8-16 Office Sought & Political Subdivision: Cole Co Commissioners Eastern Dist Political Party: Republican Support or Oppose: Support

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: *Greg Kollo* Candidate (Candidate Committees Only): *Jeff Hoelscher*