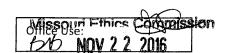


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information		
	Date: 119110		
Type: New Amended (if amending, enter MEC ID CM 13 17 & section changed 296			anged $276$
2. Committee Information  Fine No. S. For Ctaig Ream On.  Name of Committee			
			· · · · · · · · · · · · · · · · · · ·
	DO BOX 43 MONTICELLO, MO 634 Committee Mailing Address, City, State, & Zip	57	(513)248-88653
	Committee walling Address, City, State, & ZIP		relephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	-
	Committee Type: Campaign Candidate Continuing (P	PAC) Debt Service Expl	oratory Political Party
3.			
	Treasurer's Name (First & Last)  X 33211 SUN FLOWER ST. CANTON	Treasurer's Email Address (optional)	
	X 33211 SUN FLOWER ST. MO Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's nome relephone number	neasurer's work relephone 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 Nuniber
4.	Additional Committee Information	and the second s	
	Additional Committee Officer's Name & Title (II and I)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
_	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	pack) No
5.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution		ber V
б.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	The second secon
	Crain Redmon, PO Box 43 Monticella MO10345		()
	Name & Mailing Address, City, State & Zip of Candidate  Chate Canate 18	Telephone Number (Candidate Committees C	CILA VALLE
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppdse
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.		
	further acknowledge that I am aware that any false statement or d		
	X Ew. Schroden	Gain Kalm	
	Committee Treasurer	Candidate (Candidate Committees Only)	