

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

Missouri Ethice Commissio	207
Office DEC 1 2016	Γ΄,
DEC 172010	

## **Statement of Committee Organization**

1.	Statement Information	·			
	Date: 12-8-2016	11 10 1120			
	Type: New [ ] Amended (if amending, enter MEC ID	101916 & section cl	nanged)		
2.	Committee Information	white in the case of the case	. The state of the		
	Berg For Change				
	Name of Committee	1306a	1311/1/16 3279		
	Committee Mailing Address, City, State, & Zip		Telephone Number		
		County Clerk or Board of Election Commiss	The second secon		
		(PAC) Debt Service	loratory. Political Party		
3.	Treasurer/Deputy Treasurer Information		·		
	Treasurer's Name (First & Last)	ITEASUICE S LITTER MUNICIPALISMONICA	-		
	4594 Klush PO	( ) 1/1/	1314 1605-0024		
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	<u>n</u>		
	Separa resource stains in one appointed)	( )	, ( )		
	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 Add	lress, City, State, & Zip		
	Connected Organization's Name (if any)	Connected Organization's Malling Address,	City, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee				
5.	Official Bank Account Information (required by all committees)		back) (221140		
		Account Name	Medelle		
<b>.</b>	candidate Supported or Opposed (candidate committees must	include self, if candidate)			
	Kaven Setteno: r Dora	(314) 605-3279	()		
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)		
í	Election Date  Office Sought Political Subdivision	Political Party	Support or Oppose		
7	Ballot Measure Supported or Opposed (campaign committees r	nust complete this section)			
<i>'</i>	Danior Measure Supported of Opposed (campaign committees)	mast complete this section			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
8.	Signature(s) Check certification(s) & sign (required by all com	mittees)			
	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 declaration made herein is punishable under Ch. 575 RSMo.				
	That In (Et	X Dombur			
	Committee Treasurer	Candidate (Candidate Committees Only)			

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.