



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

Missouri Ethics Commission
 Office Use: PAUL 21 2017

Statement of Committee Organization

1. Statement Information

Date: 6/19/17
 Type: New Amended (if amending, enter MEC ID C171197 & section changed _____)

2. Committee Information

Women Dems
 Name of Committee
2410 Trolley Crossing, Imperial, MO 63052
 Committee Mailing Address, City, State, & Zip
 Telephone Number: (636) 467-5425
Randy B. Holman
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Laura Zemann
 Treasurer's Name (First & Last)
2410 Trolley Crossing, Imperial, MO 63052
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Home Telephone Number: (636) 467-5425
 Treasurer's Work Telephone Number: _____
Barbara Allen
 Deputy Treasurer's Name (if one appointed)
3532 Susan Dr, Imperial, MO 63052
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: (636) 942-3732
 Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Frances Newkirk - Chair
 Additional Committee Officer's Name & Title (if any)
36 Huntleigh Woods, Barnhart, MO 63012
 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)

N/A
 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)

N/A
 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.
Laura Zemann Committee Treasurer
N/A Candidate (Candidate Committees Only)