



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

Office Use: JW

Statement of Committee Organization

1. Statement Information

Date: 7/8/13
 Type: New Amended (if amending, enter MEC ID C131097 & section changed _____)

2. Committee Information

Grow Missouri
 Name of Committee
308 E. High Street, Suite 301, Jefferson City, MO 65101
 Committee Mailing Address, City, State, & Zip
 Telephone Number: _____
Cole
 County Clerk or Board of Election Commissioners
 Official Committee Email Address: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Aaron Willard
 Treasurer's Name (First & Last)
1034 S. Brentwood Blvd., St. Louis, MO 63117
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: _____ (314) 367-2842
 Treasurer's Work Telephone Number: _____
Stephanie Bell
 Deputy Treasurer's Name (if one appointed)
308 E. High Street, Suite 301, Jefferson City, MO 65101
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: _____ (573) 634-2500
 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)

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.

Aaron M. Willard
 Committee Treasurer

 Candidate (Candidate Committees Only) MISSOURI ETHICS COMMISSION