



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

Office Use: BB JD

# Statement of Committee Organization

## 1. Statement Information

Date: 4/10/15  
 Type:  New  Amended (if amending, enter MEC ID C/51082 & section changed \_\_\_\_\_)

## 2. Committee Information

New Approach Missouri  
 Name of Committee  
PO Box 190201, St. Louis, MO 63119  
 Address, City, State, & Zip  
(314) 662-2086  
 Telephone Number

Statewide; St. Louis County  
 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

Bradley J. Ketcher  
 Treasurer's Name (First & Last)  
PO Box 190201, St. Louis, MO 63119  
 Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional) \_\_\_\_\_  
(314) 259-1234  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
 Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 Deputy Treasurer's Home Telephone Number Deputy 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 \_\_\_\_\_ 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)

TBD Marijuana Measure  
 Name of Ballot Measure  
11/8/16; Statewide  
 Election Date & Political Subdivision  
Support  
 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.

[Signature]  
 Committee Treasurer  
[Signature]  
 Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION