



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

Office Use: *BB* *[Signature]*

# Statement of Committee Organization

## 1. Statement Information

Date: 02/03/2016

Type:  New  Amended (if amending, enter MEC ID C/61032 & section changed \_\_\_\_\_)

## 2. Committee Information

**Columbians for Responsible Government**

Name of Committee

4905 Shadow Circle Columbia MO 65203

(573) 881-8880

Committee Mailing Address, City, State, & Zip

Telephone Number

*per envelope*

Boone County Clerk

Committee Email Address

County Clerk or State of Missouri

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

**Taylor Burks**

Treasurer's Name (First & Last)

4905 Shadow Circle

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 881-8880

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 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 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

*OK'd by phone per TWS 3-10-16 JEL*

## 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)

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.

*[Signature]*

Committee Treasurer

Candidate (Candidate Committees Only)