

Missouri Ethics Commission (MEC)

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

office y soun 1 9 2017

Statement of Committee Organization

1.	Statement Information Date: 06/15/2017		
	Type: New Amended (if amending, enter MEC ID C171159 & section changed)		
2.	Committee Information A Better Missouri Political Action Committee		
	Name of Committee 205 E. Capitol Ave., Ste. 100, Jefferson C	City, MO 65101	(573)634-8760
,	OHICKI COMMITTEE EMAIL Address	County Clerk or Board of Election Commis	sion
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party		
3.	Treasurer/Deputy Treasurer Information Cheri Gibson		
	Treasurer's Name (First & Last) 205 E. Capitol Ave., Ste. 100, Jefferson City, MO 65101 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Email Address (optional) (573) 896-5883 Treasurer's Home Telephone Number	(573) 634-8760 Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	ai)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Andrea Webb Additional Committee Officer's Name (if any) Connected Organization's Name (if any)	16141 Swingley Ridge Rd., MAdditional Committee Officer's Mailing Address Connected Organization's Mailing Address	
	CANDIDATES: Do you have more than one candidate committee	e? Tyes (refer to instructions o	n back) 🔲 No
5.	Official Bank Account Information (required by all committees		
٠.	Candidate Supported or Opposed (candidate committees mus	t include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committee	es 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
3.	ignature(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 urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		

MO 300-1308