



Missouri Ethics Commission (MEC)
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

Missouri Ethics Commission

OCT 16 2017

Office Use:
 T171568 A171400
run

1. Statement Information

Date: 09/26/2017

Type: New Amended (if amending, enter MEC ID A171400 & section changed _____)

2. Committee Information

Citizens to Elect Jason Eslinger, JL Robertson, Treasurer
 Name of Committee

5641 South 2nd Street Saint Joseph, MO 64504
 Committee Mailing Address, City, State, & Zip

(816) 392-8497
 Telephone Number

Buchanan County Clerk
 Officer: _____
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

JL Robertson

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

17800 Mansfield Road saint joseph, MO 64504
 Treasurer's Mailing Address, City, State, & Zip

(816) 238-1797
 Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Phone 1

Phone 2

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)

JASON ESLINGER 5641 South 2nd Street Saint Joseph, MO 64504
 Name & Mailing address, City, State, & Zip of Candidate

(816) 392-8497

Phone 1

Phone 2

04/03/2018

Council Person/City of St.

Republican

Election Date

Joseph
 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.

JL Robertson
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)