



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

Missouri Ethics Commission

Office Use
 JAN 11 2018

Statement of Committee Organization

1. Statement Information

Date: 1/4/2018

Type: New Amended (if amending, enter MEC ID A180016 & section changed _____)

2. Committee Information

Citizens for Ash Grove Schools

Name of Committee

412 N Calhoun Ave

Committee Mailing Address, City, State, & Zip

(417) 766-3011

Telephone Number

Greene County- Shane Schoeller

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Jeana Scroggins

Treasurer's Name (First & Last)

412 N Calhoun Ave

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

Treasurer's Email Address (optional)

(417) 766-3011

Treasurer's Home Telephone Number

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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

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Dep. Treasurer's Home Telephone Number

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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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

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 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)

Proposition 2

Name of Ballot Measure

4/3/2018

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.

Jeana Scroggins
 Committee Treasurer

Candidate (Candidate Committees Only)

*u none
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