



Office APR 03 2018

Statement of Committee Organization

1. Statement Information

Date: 3/29/2018
 Type: New Amended (if amending, enter MEC ID C171149 & section changed 6)

2. Committee Information

Name of Committee: FRIENDS OF DAVID GOTT
 Committee Mailing Address, City, State, & Zip: PO Box 8264 SPRINGFIELD, MO 65801 Telephone Number: (417) 766-5862
 Committee Email Address: _____
 County Clerk or Board of Election Commissioners: Greene County Clerk

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____ Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: _____ Treasurer's Home Telephone Number: _____ Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if not 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

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: _____ Account Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: <u>DAVID GOTT PO Box 8264 SPRINGFIELD, MO 65801</u>		Telephone Number (Candidate Committees Only): <u>(417) 766-5862</u>	
Election Date: <u>11/6/2018</u>	Office Sought & Political Subdivision: <u>State Senate Mo 34</u>	Political Party: <u>INDEPENDENT</u>	Support or Oppose: <u>SUPPORT</u>

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.

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