



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

Statement of Committee Organization

NOV 19 2018
Office Use:
T181397 [initials]

1. Statement Information

Date: 11/13/2018

Type: [X] New [] Amended (if amending, enter MEC ID C180698 & section changed)

2. Committee Information

Manzo For Missouri

Name of Committee

5398 Mirasol Manor Way Eureka, MO 63025

Committee Mailing Address, City, State, & Zip

(314) 488-5882

Telephone Number

Official Committee Website

Jefferson County Clerk

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Stephen Ogletree

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

5398 Mirasol Manor Way Eureka, MO 63025

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

(573) 230-8001

Phone 1

Phone 2

Dale Manzo

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

5398 Mirasol Manor Way Eureka, MO 63025

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

(314) 488-5882

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) [X] No

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

Name & Mailing Address, City, State, & Zip

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

Dale Manzo 5398 Mirasol Manor Way Eureka, MO 63025

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

(314) 488-5882

Phone 1

Phone 2

08/04/2020

Election Date

Secretary of State/Office of the Secretary of State

Office Sought & Political Subdivision

Republican

Political Party

Support

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)

[X] 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

Candidate (Candidate Committees Only)