Missouri Ethics Commission



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use:

Received by Fax

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1.	Statement Information. Date: / - / S ~ 2 0 2 /	
	Type: New Amended (If amending, enter MEC ID	90949 & section changed 6)
2.	Committee Information	
	Bennie Cook for State Rep	re sentative
	P. O Box 41 Hov Ston, 1 Committee Mailine Address, City, Scate, & 21p	MO 6.5983 (412) 260-2382 Telephone Number
		Texas County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
	Committee Type: Campaign Candidate Continuing (Page 1)	·
3. Treasurer/Deputy Treasurer Information		
٥.	Amanda Couh	
	Vreasurer's Name (First & Last)	Treasure's Email Address (aptional)
	Treasurer's Mailing Address, City, Stake, & Zip	Treasurer's Home Telephone Number Treasurer's Work Telephone Number
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address Jogitonal
	Deputy Treasurer's Malling Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	<u></u>
	Additional Committee Officer's Name & Title (if any)	Committee Office/s Mulling 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)	<u> </u>
6.		Solution colf (Fernalidate)
σ,	Candidate Supported or Opposed (candidate committees must	1 (1/7) 3 (or)7 ()
	Name & Mailing Address, City, State & Zip of Candidate 65783	Telephone Number (Candidate Committees Only)
	August 2, 2021 State Representative	Political Pady Support or Oppose
_	Election Date / Office Sought & Political Subdivision	
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
8.	Signature(s) - Check certification(s) & sign (required by all comm	nittees)
If affirm and attest under penalty of perjury that information and facts in this report are complete, tr		d facts in this report are complete, true, and accurate. 1
	further acknowledge that I am aware that any false statement or o	declaration made nerein is punishable under Ch. 375 RSMo.
	Comanda Llook	- Den C

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