

C190949

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
AUG 20 2025

Received by Email

1. Statement Information

Date: C190949

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190949 & section changed 6)

2. Committee Information

Bennie Cook for State Representative

Name of Committee

P.O. Box 41, Houston, MO 65483

Committee Mailing Address, City, State, & Zip

(417) 260-2382

Telephone Number

Texas County Clerk

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Amanda Cook

Treasurer's Name (First & Last)

P.O. Box 41, Houston, MO 65483

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

Treasurer's Email Address (optional)

(417) 260-2382

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)

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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)

Bennie Cook P.O. Box 41, Houston, MO 65483

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

August 4, 2026

Election Date

State Representative HD #143

Office Sought & Political Subdivision

(417) 260-2382

Telephone Number (Candidate Committees Only)

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)

☒ 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)