



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID# C000959

OFFICE USE ONLY
pmg *BN*

STATEMENT DATE <u>2-24-08</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>3, 12, 14, 20</u>	
3. FULL NAME OF COMMITTEE <u>Missouri Libertarian Party</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>PO Box 78623</u> CITY / STATE / ZIP: <u>St. Louis, MO 63128-0623</u>				5. TELEPHONE NUMBER <u>(877) 868-3487</u>	
6. TREASURER'S NAME <u>Paula Benski</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>1734 Clarkson Rd, #127</u> CITY / STATE / ZIP: <u>Chesterfield, MO 63017</u>				8. TELEPHONE NUMBER HOME: <u>(314) 868-8480</u> WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>Greg Tlapak</u>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>1569 Cape Rock Dr.</u> CITY / STATE / ZIP: <u>Cape Girardeau, MO 63701</u>				11. TELEPHONE NUMBER HOME: WORK: <u>(877) 868-3487</u>	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE <u>Glenn L Nielsen</u> <u>1901 E Walnut St</u> <u>Chair</u> <u>John Scholtz</u> <u>1301 W Colchester Rd, Columbia, MO 65202</u> <u>Secretary</u>				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>UMB Bank</u> <u>1516 Chapel Hill Road</u> <u>Columbia, MO 65203-9986</u>		B. ACCOUNT NAME <u>Missouri Libertarian Party</u>		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME		B. ADDRESS		C. TELEPHONE NO.	
		AMENDMENT			
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Paula m Benski</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <div style="border: 1px solid black; padding: 5px; display: inline-block;">MISSOURI ETHICS COMMISSION FEB 27 2008</div> CANDIDATE'S SIGNATURE		