



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

0031159

OFFICE USE ONLY

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STATEMENT DATE 02/17/09		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 5, 9, 10, 11, 18	
3. FULL NAME OF COMMITTEE Missourians for Koster					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 1551 CITY / STATE / ZIP: Jefferson City, Missouri 65101				5. TELEPHONE NUMBER (816) 309 - 3791	
6. TREASURER'S NAME Gary Mallory					
7. TREASURER'S MAILING ADDRESS ADDRESS: 519 London Way CITY / STATE / ZIP: Belton, Missouri 64012				8. TELEPHONE NUMBER HOME: (816) 331-1431 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Travis Levitt					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 104-20 E Green Meadows Rd. CITY / STATE / ZIP: Columbia, Missouri 65203				11. TELEPHONE NUMBER HOME: WORK: (816) 309-3791	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE			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		
<b>AMENDMENT</b>					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Premier Bank 815 West Stadium Jefferson City, Missouri 65109					
			B. ACCOUNT NAME Missourians for Koster		
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input 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.	D. PARTY Democratic
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Chris Koster		B. ELECTION DATE 08/07/2012	C. OFFICE SOUGHT Attorney General	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input checked="" 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.  TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  CANDIDATE'S SIGNATURE	

MISSOURI ETHICS COMMISSION

MAR 30 2009

HAND DELIVERED